

ACKNOWLEDGEMENT OF CONCUSSION PROCEDURES & CONCUSSION INFORMATION SHEET

Dear Parent/Legal Guardian:

By signing below, you affirm that you have read the Concussion Information Sheet, and the Procedures & Guidelines for Athletes Involving Brain Injury (or other) given to you by the coach, trainer, or other athletic department representative of your child's school, all as required by S.C. law. You also acknowledge your child's athletic participation, in any sport, places your son/daughter at risk for a concussion. Concussion is a traumatic brain injury that can occur in many circumstances.

You are acknowledging your understanding that under the Procedures and Guidelines of this School District, a student with suspected concussion symptoms will be removed from participation and will be required to be evaluated by a medical professional of your choice who has been trained in concussion evaluation. In such cases, the student will not be allowed to participate until he/she has been cleared by a physician so qualified and, in addition, may be subject to further medical and/or counseling and inquiry, but not limited to, a return to play protocol set forth in the Procedures and Guidelines for athletes.

You also acknowledge being informed that a student who has been diagnosed with a concussion is not always able to return to play until he/she has been fully recovered from the concussion and proceeds with no physical or cognitive symptoms.

Please keep the attached Concussion Information Sheet as a reference. Please sign and submit the original of this form to your child's coach/trainer. We've mentioned coach/trainer. Please keep the copy for your records.

Any athletic trainer, physician, physician assistant, or nurse practitioner, whether paid or volunteering, who evaluates a student for a concussion, or brain injury, and releases the student to participate, is hereby indemnified from liability under the law.

Student – Athlete

Student Athlete SIGNATURE

Date

Parent or Legal Guardian
Date