



Lexington District One Athletics Concussion Acknowledgement and Signature Form for Parents and Student Athletes

Student Athlete's Name: _____

Sports Participating In: _____ School Year: _____

Due to the new law "Student Athlete Concussions, Guidelines, Management" (R65, H3061), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after a concussion or brain injury or returning to play too soon after a concussion or brain injury. The law requires that each year, before beginning practice for an interscholastic sport, including cheerleading, student athletes and the student athlete's parents must be given an information sheet, and both must sign and return the form acknowledging receipt of the information to the athletic trainer. The law further states that a high school or middle school athlete who is suspected of sustaining a concussion or brain injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received written medical clearance by a physician and completion of the district's return to play guidelines.

Parent and Student Athletes – please read the Concussion Fact Sheet for Student Athletes information sheet online under Sports Medicine and Parent Resources at your school's athletic website. After reading these fact sheets, please sign below and ensure that your child also signs the form.

I am a student athlete participating in the above mentioned sport. I have received and read the Concussion Information Sheet and the Concussion Management Plan for my school. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after a concussion or brain injury. I agree to inform the coaches and athletic trainers of any concussive symptoms that I encounter. I also understand that after written medical clearance from a qualified physician is given, I must be released by the athletic trainers after completing an asymptomatic gradual 5-day return to play protocol has been followed.

Printed Student Athlete Name

Signature of Student Athlete

Date

I, as the parent or legal guardian of the above named student, have received and read the Concussion Information Sheet and the schools' Concussion Management Plan and also information regarding hydration, nutrition, sickle cell either online under the sports medicine tab and parent resources at your school's athletic website. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after concussion or brain injury. I will inform the coaches and athletic trainers of any concussive symptoms that I observe and any other issues affecting my play during workouts, practice, or competition. *I also understand that after written medical clearance from a qualified physician is given, then my child must be released by the athletic trainers after an asymptomatic gradual 5-day "return to play protocol" has been completed.*

Printed Parent Name

Signature of Parent

Date