

NAME OF PLAYER:

DOB of PLAYER:



Coach/Administrator Concussion Statement

	Initials:
I have read the concussion signs and symptoms on the Concussion Information Form for Coaches.	
After Reading the Concussion Information Form for Coaches I am aware of the following information:	
I should not allow any athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.	
A concussion is a brain injury.	
A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity and referring him/her to a medical professional trained in concussion management.	
Athletes will need written permission from a health care provider* to return to play or practice after a concussion.	
Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
In rare cases, repeat concussion can cause serious and long-lasting problems and even death.	

**** Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.***

Signature of Coach/Administrator: _____

Printed Name of Coach/Administrator: _____

Date: _____