**PARENT & ATHLETE AGREEMENT**

Related to Concussion Law WI Stat. 118.293

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

**Parent Agreement:**

I \_ have **read** the Parent Concussion and Head

Injury Information and **understand** what a concussion is and how it may be caused. I

also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon. Parent/Guardian

Signature Date

**Athlete Agreement:**

I have **read** the Athlete Concussion and Head

Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_Date \_

125 South Webster Street, PO Box 7841,



Madison, WI 53707-7841

PHONE 608-266-3390

TOLL FREE 800-441-4563

WEB SITE [http://www.dpi.wi.gov](http://www.dpi.wi.gov/)

Questions and Contact Information

Related to Concussion Law WI Stat. 118.293

**Name\_ Date**

**Address**

**City \_Zip County**

**Phone Email**

**Age\_ School: Washington School District: Washington-Caldwell**

**Check all that apply**

**I participate in:**

**O Baseball/Softball O Basketball O Cheerleading**

**O Volleyball O Track & Field**

**Name of Current Team**

1. Have you ever had a concussion? , if yes, how many?

2. Have you ever experienced concussion symptoms? Did you report them?

**Emergency Contacts:**

**Name: \_ Relationship: Phone Number:**

**Name: \_ Relationship:**

**Phone Number:**

***Please complete this form and return to Ms. Bozio in room 105.***