

## Student-Athlete & Parent/Legal Guardian Concussion Statement

student-athlete who is suspected of sustaining a concussion or head 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 to the student-athletes participation during the designated school year. The law further states that a acknowledging receipt of the information to an official designated by the school or school district prior guardian(s) must be given an information sheet, and both parties must sign and return a form beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal parents of the nature and risk of concussion and head injury to student athletes, including the risks of distribute information sheets for the purpose of informing and educating student-athletes and their Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to received a <u>written</u> clearance from a licensed health care provider. continuing to play after concussion or head injury. Montana law requires that each year, before

Student-Ath	Student-Athlete Name:	
This form must	This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.  Darrant (1 aga) Guardian Name (s):	
□ We have	□ We have read the Student-Athlete & Parent/Legal Guardian Concussion Information Sheet.	
If true, please check box	check box	
	After reading the information sheet, I am aware of the following information:	
Student- Athlete Initials		Parent/Lega Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my	
	coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the	
	ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away.	
	Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my	N/A
	injuries and illnesses.	
	If I think a teammate has a concussion, I should tell my coach(es), parents, or	N/A
	licensed health care professional about the concussion.	:
	I will not return to play in a game or practice if a hit to my head or body	N/A
	causes any concussion-related symptoms.	
	I will/my child will need written permission from a licensed health care	
	professional to return to play or practice after a concussion.	
	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 concussion symptoms go	
	away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Parent/Legal Guardian

Date

Date

Signature of Student-Athlete