

PARENT & ATHLETE AGREEMENT

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.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head
(Parent's Name)

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
(Athlete's Name)

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 _____



Eau Claire Parks & Recreation
915 Menomonie Street
Eau Claire, WI 54703

Phone 715-839-5032
Fax 715-839-1685
Web site www.eauclairewi.gov/pr

Questions and Information

Athlete Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ Organization Eau Claire Parks & Recreation

Check all that apply

I (athlete) participate in:

Flag Football Soccer T-ball Hockey
 Other _____

Emergency Contacts

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.

**Parents are the authority on the well-being of their child. If at any time you feel your child needs medical attention, you are encouraged to seek an expert opinion from a physician.*
