



**RIVERVIEW CHARTER SCHOOL
STUDENT-ATHLETE CONCUSSION ACKNOWLEDGEMENT STATEMENT**

I, _____, understand that it is my responsibility to report all injuries and illnesses, including a possible concussion, to my athletic trainer and/or coach.

I have read and am aware of the following information:

1. A concussion is a brain injury that can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance;
2. I cannot see a concussion, but I might notice some of the symptom right away. I understand other symptoms can show up hours or days after the injury;
3. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my head coach or athletic trainer;
4. I understand I cannot return to a game or practice if I have received a blow to the head or body that results in concussion-related symptoms;
5. Following a concussion, I understand that the brain needs time to heal. I understand that I can only return to practice or play after at least 24 hours *and* with written permission from a health care professional;
6. In rare cases, I realize repeat concussions can cause permanent brain damage and even death.

I acknowledge that I have read and understand the above information regarding concussions, and accept these responsibilities to protect my well-being. If I have any questions, it is my responsibility to ask the athletic training staff or my coach.

Date: _____
Signature of Student

Date: _____
Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian