

Department of Public Instruction and Statute 118.293 Concussion Law- Parent and Athlete Agreement

2015-2016 School Year

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.

For more information regarding concussions, visit the WIAA website at <http://www.wiaawi.org/Health/Concussions.aspx>

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 _____



**Department of Public Instruction and Statute 118.293
Concussion Law- Parent and Athlete Agreement**

Athlete Information and Questions

Name of Athlete _____ Date _____

Grade _____ Age _____ Gender _____

School District: Hartford Union High School

Team/League: WIAA Athletics 2015-2016 School Year-Hartford Union High School

Sport Level: High School-Varsity, JV1, JV2/Freshman

Grade Level: High School 9-12 grade

Sports Participating in for the 2015-2016 School Year:

<i>Fall</i>	<i>Winter</i>	<i>Spring</i>
Football <input type="checkbox"/>	Boys Basketball <input type="checkbox"/>	Track and Field <input type="checkbox"/>
Boys Soccer <input type="checkbox"/>	Girls Basketball <input type="checkbox"/>	Softball <input type="checkbox"/>
Volleyball <input type="checkbox"/>	Wrestling <input type="checkbox"/>	Baseball <input type="checkbox"/>
Girls Swim <input type="checkbox"/>	Gymnastics <input type="checkbox"/>	Girls Soccer <input type="checkbox"/>
Cross Country <input type="checkbox"/>	Hockey <input type="checkbox"/>	Boys Tennis <input type="checkbox"/>
Girls Tennis <input type="checkbox"/>	Boys Swim <input type="checkbox"/>	Boys Golf <input type="checkbox"/>
Girls Golf <input type="checkbox"/>		

Activities Participating in for the 2015-2016 School Year: Cheer Dance

1. Have you ever had a concussion? _____, if yes, how many? _____
2. If yes, when was your last concussion? Date or School Year of occurrence _____
3. Have you ever experienced concussion symptoms? _____, Did you report them? _____
4. Have you ever participated in the Baseline Computer Testing offered by the high school athletic training staff? _____, if yes, at what grade level? _____
5. Have you participated in Baseline Computer Testing offered by an outside agency? _____

_____(initial by parent): All the above questions have been answered to the best of our knowledge and we realize that if a concussion is suffered during the 2015-2016 school year, we are to report it to the athletic training staff of Froedtert Health and the Medical College of Wisconsin and Hartford Union High School.