

Greenup County School District Concussion Signature Sheet

Parents or guardians must read the CDC Parent/Athlete Concussion Information Sheet. Then initial each statement below and sign at the bottom.

_____ I read the CDC information sheet on concussions and I am aware of the guidelines and encourage my child to be honest about concussion symptoms.

_____ I understand that my child may not be fully released, even with a doctor's clearance if the Athletic Trainer or coach see there is still a problem.

_____ I will have an active role in informing the Athletic Trainer, coach, and/or physician that my child continues to have symptoms, or behavior changes.

_____ I understand that my child must need a release from an MD or DO and will complete a 5-day concussion protocol with the Athletic Trainer.

Printed Name

Signature of Parent or Guardian

Date

Relationship to Athlete

