



For official use only: Name of Athlete: _____ Sport/Season: _____ Date Received: _____

Concussion Awareness Parent/Student-Athlete Acknowledgement Statement

I, _____ and _____ the parent(s)/guardian(s) of
 Parent/Guardian Parent/Guardian

_____, acknowledge that I have received information on all of the following:
 Name of Student/Athlete _____

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical attention right away, keep my athlete out of play, tell the coach about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian _____
 PRINT NAME

Parent/Guardian _____ Date: _____
 SIGNATURE

Parent/Guardian _____
 PRINT NAME

Parent/Guardian _____ Date: _____
 SIGNATURE

Student Athlete _____
 PRINT NAME

Student Athlete _____ Date: _____
 SIGNATURE

It's better to miss one game than the whole season.



**DIOCESE OF PALM BEACH
SPORTS CONSENT AND RELEASE FROM LIABILITY**

Student: _____ School: _____

Sports in which the student plans to participate: _____

- A. I/we hereby give consent for our child/ward to participate in the interscholastic sports listed above.
- B. I/we am aware of the potential danger of concussions and/or head and neck injuries in athletic participation. I also have knowledge about the risks associated with heat related illness during athletic participation and have received information as to the risk of continuing to practice or play once a concussion or head injury is sustained without proper medical clearance.
- C. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless my child's/ward's school, the school against which it competes, the contest officials and coaches, and the Diocese of Palm Beach including all of its affiliated entities and agents of any and all legal responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against my child's/ward's school, the schools against which it competes, the contest officials and coaches and the Diocese of Palm Beach because of any claim, costs, or cause of action arising in any way from the athletic participation of my child/ward. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

I/we have read this document carefully. I/we understand the contents of the document and I/we are aware that it contains a release of liability. I/we understand that the student may not practice or compete in any sports activity until this document is on file with the principal.

Parent/Guardian

Parent/Guardian

Date

Note: This document must be completed and endorsed by the student's parent or guardian and kept on file at the school. When received, the document should be date stamped and initialed by the athletic director or the principal.



Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular activity.

Student Information

Name: _____

Grade: _____

Sport(s): _____

Home Address: _____

Has student ever experienced a traumatic head injury (a blow to the head)? Yes ___ No ___

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes ___ No ___

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes ___ No ___

If yes, when? Dates (month/year): _____

Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____