



Beaufort County School District Student-Athlete Concussion Acknowledgement Statement

I, _____, understand that it is my responsibility to report all injuries and illnesses, including concussions, to my athletic trainer and/or head coach.
(print student name)

I have read and understand the CDC concussion fact sheet, *A Fact Sheet for Athletes*, and am aware of the following information:

1. A concussion is a brain injury, which I am responsible for reporting to the head coach or athletic trainer.
2. A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
3. I cannot see a concussion, but I might notice some of the symptoms right away. I understand other symptoms can show up hours or days after the injury.
4. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my head coach or athletic trainer.
5. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
6. Following concussion, I understand that the brain needs time to heal. I understand that I am much more likely to have a repeat concussion if I return to play before symptoms resolve.
7. In rare cases, I realize repeat concussions can cause permanent brain damage and even death.

I acknowledge that I have read and understand the CDC's *A Fact Sheet for Athletes* 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 (if student is under 18 years of age)

Print Name of Parent or Legal Guardian (if student is under 18 years of age)