

Wisconsin Department Of Instruction/ WIAA/ State Of Wisconsin Concussion Form

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.

DPI/ WIAA 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 _____

DPI/WIAA 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 _____

PARENT-ATHLETE RULES OF ELIGIBILITY SIGN-OFF FORM – 2018-2019

I certify that I have read, understand, and agree to abide by all of the information contained in the WIAA bulletin, 2017-2018 HIGH SCHOOL ATHLETIC ELIGIBILITY INFORMATION BULLETIN. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

School Name: _____ **DODGELAND** _____

Parent /Guardian's Printed Name _____

Parent / Guardian's Signature _____ Date _____

Student-Athlete's Printed Name _____

Student-Athlete's Signature _____ Date _____

This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.