

Appendix B

Student-Athlete Concussion Statement

Please initial after reading each item below.

- A. I understand that it is my responsibility to report all injuries and illnesses to my Athletic Trainer and/or Team Physician.
- B. I have read and understand the NCAA Concussion Fact Sheet.
- C. After reading the NCAA Concussion Fact Sheet, I am aware of the following information:
 - 1. A Concussion is a brain injury which I must report to my Team Physician or Athletic Trainer.
 - 2. A Concussion can affect my ability to perform everyday activities. It can also affect my reaction time, balance, sleep, and classroom performance, among other things.
 - 3. Although I cannot see a Concussion, I might notice some of the symptoms immediately. Other symptoms may occur hours or days after the injury.
- D. If I suspect a teammate has a Concussion, I am responsible for reporting the injury to my Team Physician and/or Athletic Trainer.
- E. I will not return to participation in competition or practice if I have received a blow to the head or body that results in Concussion-related symptoms.
- F. I understand that the brain needs time to heal following a Concussion. Further, I understand that I am more likely to have a repeat Concussion if I return to sport-related activities while still experiencing Concussion-related symptoms.
- G. I understand that, in rare cases, repeat Concussions can cause permanent brain damage and even death.
- H. Although certified helmets of a certain standard may help to prevent catastrophic injuries, I understand such helmets are not guaranteed to prevent cerebral Concussions. Further, I understand that Student-Athletes should wear helmets at all times during participation in contact activities in appropriate sports.

Signature of Student-Athlete _____

Date _____

Printed Name of Student-Athlete _____