Concussion Acknowledgement

Creighton School District Athletic Program

Creighton School District Concussion Statement and Acknowledgement Form

l,	(student name), acknowledge that I have to be an active participant in
my ov	vn health and have the direct responsibility for reporting all of my injuries and illnesses to
the so	chool staff (e.g. coaches, team physicians, athletic training staff). I further recognize that my
physic	cal condition is dependent upon providing an accurate medical history and a full disclosure
of any	symptoms, complaints, prior injuries, and/or disabilities experienced before, during, or after
athlet	ic events.

By signing below, I acknowledge:

- I have attended the student athlete pre-season meeting and have viewed the the concussion video from the CDC provided by the Creighton School District.
- The Creighton School District has provided me with the specific educational materials including the CDC Concussion fact sheet on what a concussion is and has given me the opportunity to ask questions.
- I have fully disclosed to staff any prior medical conditions and will disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and /or concussion. In rare cases, these concussions can cause permanent brain damage and even death.
- A concussion is a brain injury, which I am responsible for reporting to the family physician, parent and/or coach of the team.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of a concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to school staff.
- I will not return to play in a game or practice until my symptoms have resolved and I have written clearance to do so by a qualified healthcare provider.
- Following concussion, the brain needs time to heal and a people are much more likely to have a repeat concussion or further damage if they return to play before the symptoms resolve.

The following sports have been identified as high risk for concussion: basketball, contact football, soccer, softball, and spirit line. I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences, and implications of signing this document and that I agree to be bound by this document.

Student Athlete Name:		
Student Athlete Signature:	Date:	
Parent/Guardian Name:		_
Parent/Guardian Signature:	Date:	