

**Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement**

I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

| Parent Initial | Student Initial | |
|----------------|-----------------|---|
| _____ | _____ | A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician. |
| _____ | _____ | A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance |
| _____ | _____ | You cannot see a concussion, but you might notice some of the symptoms right away. 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 my coach, athletic trainer, or team physician. |
| _____ | _____ | 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. |
| _____ | _____ | Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. |
| _____ | _____ | In rare cases, repeat concussions can cause permanent brain damage, and even death. |

| | |
|---------------------------------|-------|
| _____ | _____ |
| Signature of Student-Athlete | Date |
| _____ | |
| Printed name of Student-Athlete | |
| _____ | |
| Signature of Parent/Guardian | Date |
| _____ | |
| Printed name of Parent/Guardian | |

