Fox Creek High School

ACKNOWLEDGEMENT OF CONCUSSION PROCEDURES & CONCUSSION INFORMATION SHEET

Dear Parent or Guardian:

By signing below, you affirm that you have read and understood the Concussion Information Sheet, and the Procedures & Guidelines for Athletes Incurring Brain Injury (concussion and otherwise) given to you by the coach, athletic trainer, or other athletic department representative of your student's school, all as required by S.C. law. You are also acknowledging your understanding that athletic participation, in any sport, places your son/daughter at some risk for sustaining a concussion. Concussions (and traumatic brain injury) can lead to lifealtering of life-threatening circumstances.

You are acknowledging your understanding that under Procedures and Guidelines of this School District, in compliance with state law, any student athlete (including cheerleaders) with suspected concussion symptoms will be removed from practice or competition immediately for evaluation in accordance with accepted protocol and may thereafter be required to be evaluated by a medical professional of your choice who has been trained in concussion evaluation. In such cases the athlete will not be to return to play until he/she has written clearance from a physician so qualified and is able to pass all reasonable physical and cognitive testing including, but not limited to, a return to play protocol set forth and approved in recognized medical procedures for athletes.

You also acknowledge being informed that concussions affect people differently and recovery time is not always predictable. Accordingly, any athlete who sustains a concussion will not be allowed to participate until he or she has fully recovered from the concussion and presents with no physical or cognitive symptoms.

Please keep the attached Concussion Information Sheet as a reference. Please sign and submit the original of this form to your above mentioned coach, trainer, or other school representative and keep a copy for your records.

Any athletic trainer, physician, physician's assistant, or nurse practitioner, whether paid or volunteering, who evaluates an athlete on-site during practice or competition and, in his or her best professional judgment and in accordance with accepted protocols does not find signs of concussion or brain injury and authorizes return to play is generally immune from liability under the law.

Student-Athlete Name Printed	Student-Athlete Signature	Date	
Parent/ Legal Guardian Name Printed	Parent/Legal Guardian Signature	Date	