

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM

FOR PARENTS/GUARDIANS & STUDENT ATHLETES

Student Athlete’s Name (Please Print): \_\_\_\_\_  
Sport(s) Participating In (If Known): \_\_\_\_\_ Date: \_\_\_\_\_

With the enactment of the Vermont School Sports Concussion Law (Act 58) and the subsequent Vermont Department of Education Concussion Guidelines, schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete’s parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the school. A high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a medical doctor or osteopathic physician as well as successfully progressing through each stage of the “Gradual Return to Play” guidelines.

**Parent** - please read the attached information regarding concussions that discusses “How is it diagnosed?, How is it treated?, Gradual Return to Play Following a Concussive Injury, and How I can prevent a concussion?”. After reading this information, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her school.

I am a student athlete participating in the above mentioned sport. I have received and read the attached information regarding concussions that discusses “How is it diagnosed?, How is it treated?, Gradual Return to Play Following a Concussive Injury, and How I can prevent a concussion?”. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

I, as the parent or legal guardian of the above named student, have received and read the attached information regarding concussions that discusses “How is it diagnosed?, How is it treated?, Gradual Return to Play Following a Concussive Injury, and How I can prevent a concussion?”. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)