

# Jurupa Unified School District

## Coaches Concussion Statement

- I have read and understand the Jurupa Unified School District *Concussion Management Protocol*.
- I have read and understand the *CIF/CDC Concussion Information Sheet*.
- I have taken the NFHS video course "Concussion in Sports- What You Need to Know".

After reading the CIF/CDC Concussion Information Sheet and reviewing the Jurupa Unified School District Concussion Management Protocol, I am aware of the following information:

\_\_\_\_\_ A concussion is a brain injury which athletes should report to the medical staff.  
Initial

\_\_\_\_\_ A concussion can affect the athlete's ability to perform everyday activities, and  
Initial 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.

\_\_\_\_\_ I will not knowingly allow the athlete to return to play in a game or practice if  
Initial he/she has received a blow to the head or body that results in concussion related symptoms.

\_\_\_\_\_ Athletes shall not return to play in a game or practice on the same day that  
Initial they are suspected of having a concussion.

\_\_\_\_\_ If I suspect one of my athletes has a concussion, it is my responsibility to  
Initial have that athlete see the medical staff.

\_\_\_\_\_ I will encourage my athletes to report any suspected injuries and illnesses to  
Initial the medical staff, including signs and symptoms of concussions.

\_\_\_\_\_ Following concussion the brain needs time to heal. Concussed athletes are  
Initial much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_\_ I am aware that athletes diagnosed with a concussion will be assessed by a  
Initial Physician.  
Once symptoms have resolved. Athletes will begin a graduated return to play protocol following full recovery before being allowed to practice or participate in games.

\_\_\_\_\_  
Printed name of Coach

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date