

Jurupa Unified School District Student/Parent Concussion Statement

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

I have read and understand the **CIF/CDC Concussion Information Sheet**.

After reading the CIF/CDC Concussion Information Sheet, I am aware of the following information:

_____/_____
Student Parent A concussion is a brain injury, which I am responsible for reporting to my team physician, athletic trainer, or athletic health care provider.

_____/_____
Student Parent A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

_____/_____
Student Parent 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.

_____/_____
Student Parent If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician, athletic trainer or athletic healthcare provider.

_____/_____
Student Parent 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.

_____/_____
Student Parent 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.

_____/_____
Student Parent In rare cases, repeat concussions can cause permanent brain damage, and even death.

Printed name of Student-Athlete

Signature of Student-Athlete

Date

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

This concussion statement must be initialed and signed by both parent and student athlete and returned to the school athletic director as a requirement for athletic eligibility (Education code 49475).