

HUDSON VALLEY COMMUNITY COLLEGE

KIDS ON CAMPUS CONCUSSION EDUCATION AND MANAGEMENT

ACKNOWLEDGEMENT FORM

Parent/Guardian Waiver

I UNDERSTAND AND ACKNOWLEDGE, as a Parent or Legal Guardian and as a Participant, it is important to recognize the signs, symptoms and behaviors of concussions. By signing this form I am stating that I understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion or head injury.

I HAVE READ the Concussion Information Sheet and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms and behaviors. I agree that the Participant must be removed from program/play if a concussion is suspected.

I UNDERSTAND that it is my responsibility to seek medical treatment if a suspected concussion is reported to me and that the Participant cannot return to program/play for 24 hours and must provide written clearance from a licensed physician to the Athletic Trainer or Director of Community & Professional Education. I understand the possible consequences of the Participant returning to program/play too soon.

Name of Participant (printed)

Name of Parent/Guardian (printed)

X _____
Signature of Parent/Guardian

____/____/_____
Date