

Acknowledgement of Concussion Management Plan and Information Sheet

Dear Parent or Guardian:

By signing below, you affirm that you have read and understand the Concussion Information Sheet given to you by Barnwell School District #45. You also understand that by participating in athletics at any school within Barnwell School District #45, your son/daughter is at risk for sustaining a concussion and that repeat concussions can lead to permanent damage.

You understand that Barnwell School District #45 will remove any athlete with suspected concussion symptoms from practice or competition to be evaluated by a medical professional trained in concussion evaluation. The athlete who has sustained a concussion will not be allowed to return to play until he/she:

- ✓ Has written clearance for a physician
- ✓ Is asymptomatic. AND
- ✓ Passes the "Return-to-Play" testing by the athletic trainer

You also understand that concussions affect people differently and recovery time is unpredictable. Any athlete who sustains a concussion will not be allowed to participate until he/she has fully recovered and meets the three steps addressed above.

Please keep the attached Concussion Information Sheet as a reference and submit this form to your coach. If you have additional questions, please contact Athletic Trainer Rob Roth at 843-345-4409 or Athletic Director Derek Youngblood at 803-541-1394.

Student-Athlete Name PRINTED

Student-Athlete Signature

Date

Parent or Legal Guardian Name PRINTED

Parent or Legal Guardian Signature

Date