

Louisiana High School Athletic Association
Parent and Student-Athlete Concussion Statement

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

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent/Guardian Student-Athlete

A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.

A concussion can affect my ability to perform everyday activities, and 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.

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.

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.

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.

In rare cases, repeated concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

Date

Printed name of Student-Athlete

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

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