



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## ATHLETIC INFORMED CONSENT

### STUDENT ACKNOWLEDGEMENT OF RISK AND WARNING

Student Name: \_\_\_\_\_

I understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

I hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the East Troy Community School District that by participating in any sport, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with the full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in any sport.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PARENT/GUARDIAN ACKNOWLEDGEMENT OF RISK AND WARNING

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

We/I **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/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. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

We/I, the parents(s)/guardian(s) of the above named student, do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of the East Troy Community School District that our/my child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death, by participating in any sport. Having been so cautioned and warned, we/I give consent for our/my child named above to participate in the sport listed above. We/I acknowledge that we/I do so with full knowledge and understanding of the risk of serious injury to which she/he is being exposed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_