

# Yucaipa/Calimesa JUSD

## Student-Athlete Concussion Statement

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

I have read and understand the *CIF/CDC Concussion Fact Sheet*.  
After reading the CIF/CDC Concussion fact sheet, I am aware of the following information:

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

\_\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect  
Initial reaction time, balance, sleep, and classroom performance.

\_\_\_\_\_ You cannot see a concussion, but you might notice some of the symptoms  
Initial 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  
Initial injury to my team physician or athletic trainer.

\_\_\_\_\_ I will not return to play in a game or practice if I have received a blow to  
Initial the head or body that results in concussion-related symptoms.

\_\_\_\_\_ Following concussion the brain needs time to heal. You are much more likely  
Initial to have a repeat concussion if you return to play before your symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and  
Initial 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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