

# PARENT & ATHLETE AGREEMENT

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As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and 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.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information and 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.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent/Guardian,

At Butler Middle School safety is our #1 priority. It is important that we inform students and families about the risks and signs, symptoms, and behaviors of concussions which could happen during the school day or after school during an extracurricular activity.

Below are links to DPI's Parent Concussion and Head Injury Information and Athlete Concussion and Head Injury Information. Both of these documents are also available on the Butler website and in our attendance office.

Parent Concussion and Head Injury Information: English: [www.goo.gl/eTqAQI](http://www.goo.gl/eTqAQI) Spanish: [www.goo.gl/4KQuyp](http://www.goo.gl/4KQuyp)

Athlete Concussion and Head Injury Information: [www.goo.gl/Sn7k5V](http://www.goo.gl/Sn7k5V)

Please return this form to Butler Middle School with both sides completed.

Thank you,

Jeffrey Taege  
Assistant Principal & Athletics & Activities Director  
Butler Middle School

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**Please Print**

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

Student ID#: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Has your son/daughter ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_