



Student Concussion and Injury Reporting Acknowledgement Statement

By signing and initialing below, I acknowledge that Wayne State University has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

(please initial) _____ 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 *NCAA Concussion Fact Sheet*.

After reading and understanding the *NCAA Concussion Fact Sheet*, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible to report to my team physician or athletic trainer.

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

_____ I will not knowingly return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.

_____ I shall not return to play in a game or practice on the same day that they are suspected of having a concussion.

_____ If I suspect one of my team-mate has a concussion, it is my responsibility to have the report the injury to my team physician or trainer.

_____ I cannot see a concussion, but I might notice some of the symptoms immediately. Other symptoms can and may show up hours or days later. I will seek medical attention if I suspect I have a concussion.

_____ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if they return to play before their symptoms resolve.

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

_____ I am aware that if I am diagnosed with a concussion I will be assessed by the medical staff. Only once my symptoms have resolved, I will begin a graduated return to play - guideline, following full recovery of neurocognition and balance.

Signature of Student

Date

Printed name of Student

Parent/Guardian Signature (if under 18 y/o)