

# CONCUSSION FORM

I, \_\_\_\_\_, of the following school of the Diocese of La Crosse,

\_\_\_\_\_  
*Student-Athlete Name*

hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussions. I also acknowledge my responsibility to report to my coaches, parents/legal guardians any signs or symptoms of a concussion.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

We, the parents/legal guardians, of the student-athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussions.

\_\_\_\_\_  
Parents/Legal Guardians Signatures

\_\_\_\_\_  
Date