



HAMILTON COUNTY DEPARTMENT OF EDUCATION

Student-Athlete & Parent/Legal Guardian Concussion Statement

Must be signed and returned to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name (s): _____

After reading the information sheet, I am aware of the following information:

Table with 3 columns: Students-Athlete Initials, Concussion Information, Parent/Legal Guardian Initials. Contains 10 rows of information regarding concussion symptoms and reporting requirements.

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date