

# Sports Team Concussion Consent Form

**Participant Name**

**Date of Birth**

**Team Name**

**Coach Name**

## Concussion Information

### Consent

- I have read and understand the information provided about concussions.
- I agree to immediately report any signs, symptoms, or suspicion of concussion.
- I acknowledge that a concussed athlete cannot return to play without medical clearance.
- I understand the risks of not reporting or playing while symptomatic.
- I have discussed concussion safety with my child (if participant is under 18).

**Parent/Guardian Name (if under 18)**

**Participant Signature**

**Date**

**Parent/Guardian Signature (if under 18)**

Date