

**West Feliciana High School  
Athletic Department**

**Parent and Student-Athlete Concussion and Serious Sports Injury Statement**

Parent Initial

Student Initial

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I understand that participating in high school athletics presents an inherent risk of serious sports injuries including, but not limited to concussion, heat-related illnesses, spinal trauma and other orthopedic-related injuries.

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I agree that, in the event of a serious sports injury, I will hold the West Feliciana Parish School Board and its members, employees, agents, assigns and insurers harmless from and against any liability for any accidents while participating in such athletic activities and any injuries suffered during, or as a result of, such participation.

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I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

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I have read the Concussion Fact Sheet and understand the signs, warnings and symptoms of a concussion and the need to report these immediately to the appropriate school official.

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I understand that if a concussion is suspected, the student-athlete must abide by the Concussion Protocol, which includes a physician's consult and the completion of the Return to Play Protocol.

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I understand that if the Concussion and Return to Play Protocol is initiated, I must provide all written documentation, including release, from the treating physician (MD or DO) to the head coach and/or athletic trainer before the student-athlete may return to play.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent

*As per West Feliciana Parish School Board Policy IDFA (Interscholastic Athletics)  
and IDFAB (Sports Injury Management and Concussions), parents and student-athletes must complete this form in its entirety  
in order to participate in the West Feliciana Athletic Program.*