Battle Creek Jr./Sr. High School

Parent or Guardian & Athlete Concussion Agreement Form

As a Parent and an Athlete it is important to recognize the signs and symptoms of a concussion as well as the return to play protocols. This form MUST be signed by a Parent or Guardian AND the athlete. *The athlete may not participate in practice/competition until the form is fully completed and turned into the office.*

NEBRASKA CONCUSSION AWARENESS ACT-LB 260: This Act requires the Battle Creek High School to provide information on an annual basis to the student and the student’s parents or guardian prior to the student initiating practice or competition. Any athlete “reasonably suspected” of sustaining a concussion will be removed from participation, the parent or guardian will be notified by the school of the date and time of concussion and any actions taken.

SIGNS AND SYMPTOMS OF A CONCUSIION AND RETURN TO PLAY PROTOCOLS: This information is located on the Battle Creek High School webpage link: http://battlecreekne.apptegy.us/o/battle-creek-public-schools . Once at the web page go to the Documents and then Athletics. It is under the Concussion Folder. Along with this information Battle Creek High School has also implemented the IMPACT (Immediate Post-Concussion Assessment and Cognitive Testing) testing system. This is a computerized concussion evaluation system that involves baseline and post-concussion testing to help our medical staff determine an athlete’s readiness to return to play. This testing system is administered by Certified Athletic Trainer Kurt Schmoldt, MS, ATC of Faith Regional Health Services.

Signing this concussion form indicates I have reviewed all of the information provided on the Battle Creek Website <http://battlecreekne.apptegy.us/o/battle-creek-public-schools> regarding the signs, symptoms, and the treatment of concussions. I give Battle Creek High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of a concussion and this signed concussion form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form.

Student Name (Printed) Student Name (Signed) Date

Parent Name (Printed) Parent Name (Signed) Date