Gardner-Webb University
Student-Athlete Concussion Statement

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

☐ I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion Fact Sheet, I am aware of the following information:

☐ Initial A concussion is a brain injury, which I am responsible for reporting to my physician or athletic trainer.

☐ Initial A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

☐ Initial You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after injury.

☐ Initial If I suspect a teammate has a concussion, I am responsible for reporting the injury to my physician or athletic trainer.

☐ Initial I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

☐ Initial Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

☐ Initial In rare cases, repeat concussions can cause permanent brain damage, and even death.

____________________________  __________________________
Signature of Student-Athlete                  Date

____________________________  __________________________
Printed name of Student-Athlete               Sport

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Parent’s Printed Name   (if 17 years old)

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Parent’s Signature (if 17 years old)

Revised 9-2-2010