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 Safety Fact Sheet*.

After reading the NCAA Concussion Safety 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

__________________________  ______________________
Parent’s Printed Name  (if 17 years old)  

__________________________  ______________________
Parent’s Signature  (if 17 years old)  

*Revised 4-26-18*