Coach Concussion Statement
(Please initial each statement.)

_____ I understand that it is my responsibility to
  • read the NCAA concussion information handout for Coaches.
  • ask the medical staff and receive answers to any questions I have about concussions.
  • engage my athletes to report any symptoms or signs of a concussion to the medical staff immediately.

After reading the NCAA Concussion fact sheet for Coaches, I am aware of the following information:

_____ A concussion is a serious brain injury that must be managed by the medical staff.

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

_____ If I suspect an athlete has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer as soon as possible.

_____ I understand that a concussed student-athlete may not return to play in a game or practice.

_____ Following a concussion the brain needs time to heal. The athlete is more likely to have a repeat concussion if they return to play before their symptoms have resolved. Repeat concussions will likely result in an athlete being out of play for a period longer than the initial concussion.

_____ In rare cases, repeat concussions can cause permanent brain damage or even death.

_____ I will encourage my athletes to be honest with the medical staff regarding their symptoms.

_________________________________________  _______________________
Signature of Coach                      Date

_________________________________________
Printed Name of Student-Athlete