Ferris State University

Athletic Department

Student Athlete Concussion Plan Acknowledgement Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, take responsibility in reporting all injuries and illnesses to the FSU athletic training staff, team physicians and coaching staff. I understand that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries and/or disabilities. I hereby confirm that I have disclosed all prior medical conditions in writing and will disclose any future problems that may occur with the athletic training staff and/or team physician.

I understand that there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided the ***NCAA Concussion Fact Sheet for Student-Athletes*** and the ***FSU Concussion Plan*** and understand the importance of reporting a head injury/concussion to the athletic training staff and to my coach. I have discussed any questions I have regarding concussions and head injuries with the athletic training staff.

After reading the ***NCAA Concussion Fact Sheet for Student-Athletes*** and the ***FSU Concussion Plan,*** I am aware of the following information:

* A concussion is a brain injury, which I am responsible for reporting to my athletic trainer, team physician and coach.
* A concussion can affect my ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance.
* If I suspect a fellow teammate has a concussion, I am responsible for reporting the injury to the athletic trainer and my coach.
* I will not return to play in a game or practice if I have the signs or symptoms of a concussion.
* Following concussion the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve.
* In rare cases, repeat concussions can cause permanent brain damage, and even death.

By signing below, I understand the importance of the statements above and have asked any, and all, questions regarding the above statements.

I have read and signed this document with full knowledge of its significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student-Athlete Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sport FSU Student Number

Rev: 2015