

Concussion Protocol Review for Coaches and Volunteers

To be signed and returned to your sponsoring youth athletic activity organization

Coach or Volunteer Name(s): _____

- I have read the "Concussion Fact Sheet." *If true, please check box.*
- I will not allow any youth athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day. *If you agree, please check box.*

After reading the information sheet, I am aware of the following information:

	Coach or Volunteer Initials
A concussion is a brain injury that should be taken seriously.	
A concussion can affect a youth athlete's ability to perform everyday activities, their ability to think, their balance, and their classroom performance.	
I realize I cannot see a concussion, but I might notice some of the signs in a youth athlete right away. Other signs/symptoms can show up hours or even days after the injury.	
If I suspect a youth athlete has a concussion, I am responsible for removing them from activity and referring them to a licensed health care professional trained in concussion management.	
Youth athletes need written clearance from a licensed health care professional trained in concussion management to return to play or practice after a concussion.	
I will not allow any youth athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.	
Following concussion the brain needs time to heal. I understand that youth athletes are much more likely to sustain another concussion, more serious brain injury, or death if they return to play or practice before symptoms resolve.	
In rare cases, repeat concussions can cause serious and long-lasting problems or death.	
I have read the signs/symptoms listed on the Concussion: General Information Sheet.	

Signature of Coach or Volunteer

Date