



Form  
6145.2 (i)

## COACHES' CONCUSSION ACKNOWLEDGEMENT FORM

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**As a coach it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Wisconsin State Statute 118.293.

### Coaches' Agreement:

I, \_\_\_\_\_, have read the Concussion Fact Sheet for Coaches and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

I understand the possible consequences of the athlete returning to practice/play too soon.

SIGNATURE OF COACH:		DATE:
SPORT:	SCHOOL:	
TEAM/LEAGUE:	GRADE LEVEL:	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.