

Northview High School
Student Athlete Treatment Consent & Concussion Form

Concussions: A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works.

Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.

In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

I understand that Education Code (EC 49475) states that an athlete who is suspected of having a head injury in an athletic activity shall be immediately removed from the activity and shall not be permitted to return to activity until he or she is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

Treatment Consent: I understand that immediate first aid will be administered, if needed.

I understand that sports/activities (especially contact sports) are potentially dangerous and can lead to serious injury, paralysis or death. I understand that a medical doctor will not be in attendance at practices or games. Knowing these facts, I give my consent for my son/daughter to participate in athletics. In case my son/daughter is injured, I hereby authorize the athletic trainer to administer medical treatment and/or implement an emergency protocol.

By signing this form I understand the risk of sport participation and consent to treatment provided by the athletic trainer for my son/daughters well being.

Print Student Athlete Name

Date

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature