I understand there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet and understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff.

After reading the Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet, I am aware of the following information:

• A concussion is a brain injury, which I am responsible for reporting;
• A concussion can affect one's ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;
• A student athlete will not be allowed to return to a game or practice until cleared by a physician or the OPS Athletic Training Staff;
• Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the individual returns to play before symptoms have resolved;
• In certain instances, repeat concussion can cause permanent brain damage, even death; and
• At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student athlete and prohibit he or she from returning to play: physician, coach, student athlete, athletic trainer, parent.

By signing below, I understand the importance of the statements above and have asked any, and all questions regarding the above statements. I further understand that I will not be allowed to participate in OPS athletics until this form is signed by a parent/guardian.

I hereby attest that I have read, fully understand, and will abide by the above statements.

Student Athlete Name (Print) __________________________________________________________

Student Athlete Signature ___________________________ Date _________________________

Parent/Guardian Signature ___________________________ Date _________________________