



Yuba College
Student-Athlete Concussion Statement

By initialing each statement, I am aware and understand the following information:

- ___ I understand that it is my responsibility to report all injuries and illnesses to the athletic trainer, coach, and/or team physician.
- ___ A concussion is a brain injury, which I am responsible for reporting to my athletic trainer, coach, and/or team physician.
- ___ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
- ___ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury(See examples of signs & symptoms).
- ___ If I suspect a teammate has a concussion, I am responsible for reporting the injury to the athletic trainer, coach, and/or team physician.
- ___ I will not return to play in practice or game I have if I received a blow to the head or body that results in concussion related symptoms.
- ___ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
- ___ In rare cases, repeat concussions can cause permanent brain damage and even death.

Signature of Student-Athlete

Print Name

Date

Examples of signs & symptoms:

- Increasingly severe headache or a headache lasting for more than 48 hours-
- Excessive dizziness-Excessive drowsiness-Excessive vomiting-
- Obvious change in behavior or personality(irritability, confusion etc.)-
- Changes in ability to see- Unsteady walking- Difficulty concentrating-
- Significant difference in pupil size- Convulsions-
- Discharge of blood or clear fluid from nose, ears, or mouth-
- Paralysis or marked weakness in arms, legs, or facial muscles-