

## COACHES AGREEMENT

As a coach it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form you are stating that you have read the Centers for Disease Control and Prevention (CDC) [fact sheet for Coaches](#) in English or [Spanish](#) and the Wisconsin Interscholastic Athletic Association (WIAA) [Concussion Policy](#) and WIAA [concussion resources](#). 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 Department of Public Instruction (DPI), WIAA, and [Wis. Stat. 118.293](#).

By signing this form, you are stating you have read the Sudden Cardiac Arrest Information sheet. Additionally, coaches are advised to read information on the WIAA [website regarding sudden cardiac arrest](#).

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I have read the Department of Public Instruction and WIAA's Concussion and Head Injury Information sheet 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 the athlete exhibits signs, symptoms or behavior consistent with a concussion or head injury or if I suspect the athlete has sustained a concussion or head injury.

I understand that it is my responsibility to inform the caregiver if I suspect a concussion or if a suspected concussion is reported to me and that the athlete may not return to practice or play until the athlete is evaluated by an appropriate health care provider and provides me with written clearance to participate in the activity from the health care provider.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I understand it is advisable to have an **Emergency Action Plan** in place for all sport practice and competition sites that outlines the plan of action in case of the sudden collapse of an athlete. It is advisable to review and practice the emergency action plan with respective school personnel, coaches, on site medical personnel and local EMS.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CAREGIVER AGREEMENT

As a caregiver and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

### Caregiver Agreement:

I, \_\_\_\_\_ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until they are evaluated by an appropriate health care provider and provide written clearance from the health care provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended that if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.

I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ATHLETE AGREEMENT

As a caregiver and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and Sudden Cardiac Arrest Information sheet.

### Athlete Agreement:

I, \_\_\_\_\_ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I understand the importance of reporting a suspected concussion to my coaches and my caregiver.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must be evaluated by an appropriate health care provider and provide to my coach written clearance to participate in the activity from the health care provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my caregivers.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

