



**CCIW Coaches Concussion
Acknowledgement Form**

I, _____, acknowledge that as a member of the athletic department at, _____, I accept responsibility for supporting our sports medicine department's policy on concussion management.

I understand that my student-athletes may have a risk of head injury and/or concussion. I also understand the importance of them reporting any such symptoms of a head injury/concussion to the sports medicine staff (e.g., team physician, head athletic trainer). I also accept responsibility for reporting to the sports medicine staff any signs or symptoms that I may witness.

By signing below, I acknowledge that my institution has provided me with educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, _____ have read the above and agree that the statements are accurate.

Signature of coach

Date

Name of person obtaining acknowledgement

Signature of such person