

SUMMER CAMP CONCUSSION/HEAD INJURY FORM
for ATHLETIC SUMMER CAMPS HELD AT UW-GREEN BAY

I, _____ have been provided and read the concussion and head injury information sheet. I understand that there is a risk of injury during athletic participation and I agree to disclose any signs and symptoms of a concussion to the camp coaching staff. I also understand that I will be removed from play to eliminate the risk of further injury and will not be able to resume participation until evaluated and cleared by a health care provider who has experience with evaluating and managing pediatric concussions and head injuries. I will provide written clearance on the health care provider's letterhead or prescription note allowing me continue participation in the activity.

I understand that this is in accordance with the State of Wisconsin Youth Concussion Law.

Information regarding concussions and head injuries can be found at the websites below.

Wisconsin Concussion/Head Injury Information sheet for Parents:

<http://www.sped.dpi.wi.gov/files/sped/pdf/tbi-conc-facts-parents.pdf>

Wisconsin Concussion/Head Injury Information sheet for athletes:

<http://www.sped.dpi.wi.gov/files/sped/pdf/tbi-conc-facts-athletes.pdf>

Participant's Signature
(Must be signed by actual participant, regardless of age)

Participant's Name (Print)

Parent/Guardian (if participant is under 19)

Date

Camp Name

Camp Dates