



Concussion Acknowledgement Form
(Athlete/Parent/Guardian)

MUST be signed and returned to the member club/association that is affiliated with Tennessee State Soccer Association (TSSA) prior to participation in practice or competition.

Athletes Name(s): _____

Parent/Legal Guardian Name(s): _____

Athlete's Initials		Parent/Legal Guardian's Initials
	A concussion is a brain injury which should be reported to ones parents/legal guardian, coaches, or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up many hours or days following an injury.	
	I understand and will tell my parents/legal guardian, coach, and/or medical professional about my injuries and illnesses.	
	I understand and will not return to play in a practice or competition if a hit to my head or body causes me any concussion related symptoms.	
	I understand that written permission is needed from a health care provider* to return to play or competition following a concussion.	
	Most concussions take days or weeks to improve. A more serious concussion can last for months or longer.	
	Following a bump, blow, or jolt to the head or body an athlete should receive medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that continues or grows in severity.	
	Following a concussion, the brain needs time to heal. I understand that a concussed athlete is more likely to suffer another concussion or more serious brain injury if return to play or competition occurs before concussion symptoms go away completely.	
	In some cases, a repeat concussion can cause serious, long lasting problems or even death.	
	I have read the concussion signs and symptoms on the Concussion Information Sheet and I understand the importance of Concussion Education.	

**NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.*

Athletes Signature: _____

Date: _____

Parent/Legal Guardian' Signature: _____

Date: _____