

NAME OF STUDENT-ATHLETE _____

ADDRESS: _____

PHONE: _____

NAME OF SCHOOL/TEAM _____

SPORT/ACTIVITY _____

DETAILS OF INJURY _____ **DATE OF INJURY:** _____

DESCRIPTION CONCUSSION-LIKE SIGNS OR SYMPTOMS

I certify that I am the above-named student-athlete and I am aware of the usual signs and/or symptoms which would indicate that I have a concussion.

I certify that, as of this date, and to the best of my knowledge, I am not aware of any signs and/or symptoms which would prevent me from beginning of a gradual physical training process for the purpose of returning to sports participation.

I declare that I will follow a gradual physical training process for the purpose of returning to sports participation under the direction and supervision of my School CMP Coach and I will not hesitate to admit to the return of any concussion-like signs or symptoms.

SIGNATURE OF HEAD SCHOOL CMP LEADER _____

NAME OF HEAD SCHOOL CMP LEADER _____

TODAY'S DATE: _____