

**NAME OF STUDENT-ATHLETE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**NAME OF SCHOOL/TEAM** \_\_\_\_\_

**SPORT/ACTIVITY** \_\_\_\_\_

I certify that I am a parent/guardian of the above named student-athlete.

As of this date he/she does not show or self-admit any concussion-like signs or symptoms.

Therefore, as the student-athlete's parent/guardian, I hereby give permission for him/her to participate in the above sporting activity.

I also give him/her permission to take part in an ImPACT test if and when it is determined that he/she is required to take such test in order to become qualified to participate in the sporting activity, and/or if he/she has been injured and it is necessary for him/her to take such post-injury tests as deemed necessary in order to determine the extent of brain dysfunction as a result of an injury.

I further give him/her permission to take part in a CMP Concussion Management Certification Program if and when it is determined that he/she is required to take part in such a course.

I also certify that I am aware of the CMP Student-Athlete Concussion Management Program and agree to support and abide by all of the procedures and protocols that are part of said program and which are available on the company web site which can be accessed at [www.concussionmanagementpartners.com](http://www.concussionmanagementpartners.com) . These procedures and protocols include, but are not limited to the following:

1. My child will immediately be removed from competition if it is suspected that he/she may have suffered a concussion;
2. Once removed from play, it will be my responsibility as his/her parent/guardian to bring him/her to a physician for examination to determine if there are any injuries that would prevent him/her from returning to physical activities;
3. I will be responsible making sure that the necessary Clearance forms are completed and signed if he/she is injured;
4. My child will not be permitted to take part in any activities of a physical nature while under a rehab program for concussion.
5. I will be responsible for informing all of my child's teachers about the nature of my child's injury and the need to adjust his/her school activities and expectations;
6. I will agree to monitor the progress of my child at home and will only sign the Parent/Guardian Clearance to Return to Physical Training if I am certain that I have not seen any signs or symptoms of concussion;

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_