



Our mission is to develop children who are confident and creative learners. We provide a rigorous curriculum and a supportive school environment that promotes high achievement, encourages personal growth, and meets the unique needs of each child.

OLD ORCHARD JR. HIGH SCHOOL

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PARENTAL AND ATHLETE CONCUSSION ACKNOWLEDGEMENT FORM

As a parent and as an athlete it is important to recognize the signs and symptoms and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parental Acknowledgement:

I have READ the Concussion Fact Sheet for Parents and UNDERSTAND what a concussion is and how it is caused. I also understand the common signs, symptoms and behaviors.

I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

I have read, understand, and agree to the above statements (circle one): Yes No

Printed Parent Name: _____

Signed Parent Name: _____

Date: _____

Athlete Acknowledgement:

I have READ the Concussion Fact Sheet for Athletes and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parent(s)/guardian(s).

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider before returning to practice/play.

I understand the possible consequences returning to practice/play too soon and that my brain needs time to heal.

I have read, understand, and agree to the above statements (circle one): Yes No

Printed Athlete's Name: _____

Signed Athlete's Name: _____

Date: _____