Concussion Protocol Agreement Form

San Francisco State University’s Campus Recreation Department is concerned with the well being of ALL student sport club athletes. To ensure that all student athletes have a safe and healthy competitive or recreational club experience, please review and sign the following information below.

What is A Concussion?

A Concussion is a brain injury that:

- Is sustained by a jolt or blow to the head from contact with another player, hitting a hard surface (ice, field, or floor).
- Has the ability to alter the way your brain works.
- Can occur in ANY sport.
- Can occur even if there is NOT a loss of consciousness.

A concussion can be prevented by:

- Avoiding contact with your head or helmet.
- Using proper/untarnished equipment.

Symptoms of a concussion include:

- Headaches and/or dizziness
- Sensitivity to light or noise
- Feeling groggy or sluggish
- Concentration or memory problems
- Slow reaction time

What should I do if I think I have a concussion?

1. Do not hide it
   - Consult with a physician, athletic trainer, and your coach.
   - When in doubt, sit it out.

2. Report it
   - Refrain from participation in practices, games or other strenuous activities with concussion like symptoms (see list above).
   - The sooner you report symptoms, the sooner you could return to play.

3. Get Checked out
   - An athletic trainer or healthcare professional can tell you if you have had a concussion and set a timetable for when you are able to return to play.
• Assess your ability to perform everyday activities. Ex. reaction time, balance, sleep, concentration, and performance at work and/or in the classroom.

4. **Take time to recover**
• If you have had a concussion, your brain needs time to heal.

5. **Return to Play**
• Recommendation for returning to play must be made by a healthcare professional.
• Follow the protocols set forth by your league and institution
San Francisco State University

Sport Clubs Athlete Concussion Statement

By initializing each line below, I ________________________________, acknowledge that I have thoroughly read and reviewed the Concussion Protocol Agreement Form. I also agree to comply with all policies and physician recommendations regarding my participation in San Francisco State University Sport Club activities, practices, and competitions.

_____ It is my responsibility to report all injuries and/or illnesses to an athletic trainer, coach, or physician.

_____ I understand that a concussion is a brain injury that is caused by a jolt or hit to the head.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.

_____ I am aware that a concussion has the ability to affect the nuance of everyday activities.

_____ I may notice some symptoms of a concussion immediately, but others may show up hours or days after the occurrence of the injury.

_____ I understand that long term risks and consequences of concussions are not readily known. In the event of a concussion I will discuss with my professors any accommodations needed to meet academic requirements.

_____ I understand that recommendations for my return to play must be made in writing by a healthcare professional.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to an athletic trainer, coach and/or a physician.

_____ I will not hide concussion like symptoms

_________________________________________   _______________________________________
Signature                                           Date

_________________________________________   _______________________________________
Print Name                                           Student ID #

_________________________________________
SF State Sport Club