

Jones County School System Athletic Department

Jones County Schools

Concussion Awareness

Parent/Student-Athlete Acknowledgement Statement

I, _____, the parent/ guardian of _____,
acknowledges that I have received information on all of the following:

- a.) The definition of a concussion
- b.) The signs and symptoms of a concussion to observe for or that may be reported by my child.
- c.) How to help my child prevent a concussion
- d.) What to do if I think my child has a concussion. Specifically, to seek medical attention right away, keep my child out of play, tell the coach about a recent concussion, and report any concussion and/ or symptoms to the school nurse, ATC, principal, or coach.

Parent/ Guardian _____ Parent/ Guardian _____ Date _____
Print Signature

Student/ Athlete _____ Student/ Athlete _____ Date _____
Print Signature

It's better to miss one game than the whole season!