

## NWC injury and Illness Reporting Acknowledgement Form

I, \_\_\_\_\_, acknowledge that as an athlete at NWC it is my responsibility to report all injuries and illnesses to the NWC Sports Medicine Staff. I recognize that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed any prior medical conditions on my medical history report and will also disclose any future conditions to the NWC Sports Medicine Staff.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have read and understand the *NCAA Concussion Fact Sheet* provided to me and I understand the importance of immediately reporting symptoms of a head injury/concussion to the NWC Sports Medicine Staff.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my team physician  
Initial or athletic trainer.

\_\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect  
Initial reaction time, balance, sleep, and classroom performance.

\_\_\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away.  
Initial Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my  
Initial team physician or athletic trainer.

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

\_\_\_\_\_ Following concussion the brain needs time to heal. You are much more likely to have a  
Initial repeat concussion if you return to play before your symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.  
Initial

I, \_\_\_\_\_, have read the above and agree that the statements are accurate.  
Student-athlete's name

\_\_\_\_\_  
Signature of student-athlete

\_\_\_\_\_  
Date