



# AUGUSTINE PREP

## Student-Athlete and Parent/Guardian Concussion Information Agreement

In accordance with **Wisconsin's Sideline For safety Act 172**, we read the St. Augustine Preparatory Academy Concussion Information and have been informed of the signs, symptoms, and risks of a sport related concussion.

The student-athlete agrees to accept responsibility for reporting his/her injuries and illness to the coaching/athletic training staff, parents/guardians, or other health care personnel including any signs and symptoms of a concussion.

We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student-athlete and parent/guardian have read this information.

We acknowledge and understand the responsibility to abide by, understand and consent to all St. Augustine Preparatory Academy concussion protocols.

We hereby acknowledge having read the Concussion Information which includes the signs, symptoms, and risks of sport related concussions agree to abide by, understand and consent to all St. Augustine Preparatory Academy concussion protocols.

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Printed name of student/athlete	Signature	date
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Printed name of parent/guardian	Signature	date
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\*\*The Concussion Information can be found at:

<https://dpi.wi.gov/sped/program/traumatic-brain-injury/concussion-resources>

Return to: Athletics Department or the Main Office