** Trinity Washington University Sports Medicine**

 **Student-Athlete Concussion Reporting Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have received and read the concussion fact sheet for student athletes. I understand that it is my responsibility to report any and all concussive events and concussion like symptoms to a member of the Trinity Washington University Sports Medicine Staff. The symptoms could include but are not limited to the following:

* Headache
* Neck pain
* Nausea
* Vomiting
* Lack of energy/physically mentally tired
* Dizziness
* Light-headedness
* Loss of Balance
* Blurred or double vision
* Sensitivity to light
* Sensitivity to sounds
* Ringing of the ears
* Loss of taste, touch or smell
* Irritability or change in sleep patterns

I understand that concussions and head injuries have the potential to be life threatening or can lead to Second Impact Syndrome. Concussions that are unreported and/or unmanaged carry a greater risk of traumatic brain injury. All head/neck related injuries MUST be reported to a member of the Trinity Washington University Sports Medicine Staff IMMEDIATELY upon occurrence.

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**Name of Student-Athlete (print clearly) Sport**

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**Social Security Number of Student-Athlete Date of Birth of Student-Athlete**

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**Signature of Student-Athlete Date**

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**Name of Parent/Legal Guardian if student-athlete Date**

**Is under the age of 18 years of age**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian if student-athlete is under the age of 18 years of age**