

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF FAUQUIER COUNTY PUBLIC SCHOOLS CONCUSSION POLICY, REGULATIONS, AND CONCUSSION FACT SHEET

Please review the preceding policy, regulations, protocols and fact sheets. Once you have reviewed and understand the material, please complete this page and return to the Athletic Trainer. This acknowledgement form must be completed and on file in the Athletic Training Room prior to participation in any High School athletic event. This includes tryouts.

Student Athlete

I \_\_\_\_\_ have received, reviewed, and understand the Fauquier County Public Schools Concussion Policy, Regulations and Concussion Fact sheets therein.

Student Athlete PRINTED Name: \_\_\_\_\_

Intended Sports (Please list all the sports you intend to play this year):

\_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Athlete's Parent/Guardian

I \_\_\_\_\_ have received, reviewed, and understand the Fauquier County Public Schools Concussion Policy, Regulations and Concussion Fact Sheets therein.

Parent/Guardian Printed Name: \_\_\_\_\_

Relationship to Student Athlete: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Internal Use Only

Date Received: \_\_\_\_\_

Corresponding Physical on File: YES \_\_\_\_\_ NO \_\_\_\_\_

Athletic Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

FAUQUIER COUNTY PUBLIC SCHOOLS



ATHLETIC TRAINING

CONCUSSION HISTORY FORM

*\*Please answer all questions thoroughly and as accurately as possible*

*\*Return this form the Athletic Training Room*

*\*This form must be on file in the Athletic Training Room PRIOR to participation*

- 1) Have you ever had a concussion or been told by a doctor that you have had a concussion? YES  NO
- 2) If yes, list the date(s) of your concussion(s): \_\_\_\_\_
- 3) Please explain how you sustained your concussion(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Did you lose consciousness or get "knocked out"? YES  NO
- 5) If yes, please state how long you were unconscious: \_\_\_\_\_
- 6) Did you see a doctor for your concussion(s)? YES  NO
- 7) If yes, when?: \_\_\_\_\_
- 8) Have you ever had to go or been taken to the Emergency Room for a head injury or concussion? YES  NO
- 9) If yes, when?: \_\_\_\_\_
- 10) Have you ever had a CAT Scan or CT Scan for a head injury? YES  NO
- 11) Have you ever been hospitalized for a head injury? YES  NO
- 12) If yes, for how long were you hospitalized?: \_\_\_\_\_
- 13) Has a doctor ever restricted your participation in games or practice because of a concussion? YES  NO
- 14) If yes, for how long were you restricted?: \_\_\_\_\_  
\_\_\_\_\_

**Student's Printed Name:** \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

I \_\_\_\_\_ have reviewed the following information about my child and assert that it is correct.

**Parent Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Internal Use Only*

Received: \_\_\_\_\_ Athletic Trainer Signature: \_\_\_\_\_