Student-Athlete and Parent/Guardian
Concussion/Traumatic Brain Injury Policy Agreement

In accordance with **Wisconsin's Sidelined For safety Act 172,** we read the Franklin Public Schools Concussion/Traumatic Brain Injury Policy and Administrative Rules 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 plan.

We acknowledge and understand the responsibility to abide by, understand and consent to all Franklin School District concussion policies and protocols.

We hereby acknowledge having read the Concussion/Traumatic Brain Injury Board Policy and Administrative Rules AND the assigned CDC Concussion Fact Sheet linked below, which includes the signs, symptoms, and risks of sport related concussions. We agree to abide by, understand and consent to all Franklin School District concussion protocols.

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Printed name of student/athlete Signature date

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Printed name of parent/guardian Signature date

Required Materials to Review

The Concussion/Traumatic Brain Injury Policy and Administrative Rules Board Policy 5222

Middle School Student-Athlete Concussion Fact Sheet

High School Student-Athlete Concussion Fact Sheet

Return to Athletics & Activities Department

Updated 10/19