



## **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 |
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### 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**