

# PLEDGE & ACKNOWLEDGEMENT FORM

KEEP CONCUSSIONS ON THE SIDELINES

**SAFE  
K:DS**  
HURON VALLEY

## STUDENT/ATHLETE

I, \_\_\_\_\_, have been provided with concussion education materials.  
(Print Name)

**I understand** that concussions are serious injuries.

**I understand** that if not handled properly, concussions may lead to permanent brain injury or death.

**I pledge** that if I **RECOGNIZE** symptoms of concussion in myself, or a teammate, I will **REPORT** it immediately to a coach, athletic trainer or parent.

**I pledge** to not play my sport again until I am cleared by a doctor and complete a gradual return to play process. This will help ensure I **RECOVER** completely before returning to play.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARENT/GUARDIAN

I, \_\_\_\_\_, have been provided with concussion education materials.  
(Print Name)

**I understand** that concussions are serious injuries.

**I understand** that if not handled properly, concussions may lead to permanent brain injury or death.

**I pledge** that if I **RECOGNIZE** signs of concussion in my child, I will **REPORT** it to the coach or athletic trainer immediately.

**I pledge** to not allow my child to play again until they are cleared by a doctor and complete a gradual return to play process. This will help ensure that my child **RECOVERS** completely before returning to play.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SAFE  
K:DS**  
HURON VALLEY

Led By



University of Michigan  
C.S. Mott Children's Hospital

for more information [www.mottchildren.org/safekids](http://www.mottchildren.org/safekids)