

Athlete(s): _____

Date(s) of Birth: _____



Ascension Wisconsin Concussion Consent Form – Middle School

Ascension Wisconsin's team of Licensed Athletic Trainers are health-care professionals, state-licensed and nationally certified to help in the assessment, treatment, and clearance of concussions. The Licensed Athletic Trainers are current with the most up-to-date information regarding concussion care, evaluation, and clearance. They operate under the supervision and direction of Ascension's Sports Concussion providers – Medical Doctors (MDs), Physician Assistants (PAs), and Nurse Practitioners (NPs).

Ascension Wisconsin and the Oshkosh Area School District have teamed up to create an extensive concussion management care plan to ensure the safety of your student-athletes on the field and in the classroom.

If your student-athlete sustains a concussion, he/she will need to complete a supervised, 5 Step Return to Play protocol before returning to sports or physical education class participation.

To ensure the best communication and understanding, please read and initial the following statements regarding concussions care or clearance.

Please Initial and Sign Below

1. _____ I understand that if my student is assessed or diagnosed with a concussion by an athletic trainer that my athlete will need clearance from a licensed medical provider such as a physician, physician assistant, or nurse practitioner prior to returning to play or physical education class. Clearance from Urgent Care or Emergency Department visits will not be accepted.
2. _____ I understand that my athlete will have to successfully complete a supervised 5-step return to play protocol under the direction of a physician, physical therapist, and/or athletic trainer prior to returning to competition or physical education class.
3. _____ I agree to monitor my student-athlete closely during the concussion recovery process and help my student-athlete abide by the restrictions and recommendations made by a physician, physical therapist or athletic trainer.
4. _____ I give permission for the athletic trainer to contact the administration, health office, school nurses, counseling staff or teaching staff regarding any conditions or accommodations that need to be made.
5. _____ I understand that I can contact the athletic trainer if I have any questions or concerns regarding the concussion process.

_____ / _____

Parent/Guardian Signature

Date

Printed Name