

## Student-Athlete & Parent/Legal Custodian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Custodian Name(s): \_\_\_\_\_

We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.

*If true, please check box*

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials	Statement	Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

# MONFORTON SCHOOL DISTRICT #27 ATHLETICS

## ACKNOWLEDGEMENT OF RISKS.

**WAIVER.** My child, \_\_\_\_\_, has my permission to participate in the Monforton School District 27 School Athletics Program, including all practices and competitive events. My child is in good physical condition except as noted on the SCHOOL ATHLETICS PARTICIPATION FORM and SCHOOL ATHLETICS PHYSICAL FORM as submitted for the current season.

In consideration for Monforton School accepting his/her participation, we (I), hereby, for myself, my child, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damage as a result of my child's participation in this program against Monforton School District 27, its employees, trustees, coaches and assistants.

If the child lives with both parents, both parents shall sign this form; otherwise, the legal custodial parent or legal guardian shall sign this form.

I have read, understood and agree to the information given in the Sports Activities Handbook.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Legal Guardian**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Athletes Signature**

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

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**VERIFICATION OF INSURANCE.** *Your child must have medical insurance to participate in Monforton School's School Athletics Program. Please attest to this by completing the following:*

**Insurance Company** \_\_\_\_\_  
**Policy #** \_\_\_\_\_

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I have attached the necessary Athletic Fee of \$40.00 for the first sport, (\$30.00 for a second sport and \$20.00 if playing a third sport) by way of:

Check                      Money Order                      Cash  
(Please circle one)

*If the Athletic fee is a hardship please call Mr. Strauch  
at 586-1557.*

**Please return this form to Ann Coon in the Middle School Front Office.  
415 Circle F Trail, Bozeman, Mt. 59718 406-586-1557-Ext. 2**