

St. Mark's Ev. Lutheran School

706 Jones Street

Watertown, WI 53094

Telephone: (920)-262-8501

Fax: (920)-262-8517

RE: CONCUSSION INFORMATION FOR STUDENTS IN GRADES 5 - 8

To Parents of Students Entering Grades 5-8:

For students entering grades 5-8 in the fall, who want to participate in interscholastic sports representing St. Mark's Lutheran School, it is necessary to fill out concussion paper work. Attached to this letter is information in regards to concussions. Please read and discuss this information with your child.

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing the accompanying concussion form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Completed forms are to be returned to the school office or me before practice begins for the particular sport your child plans to participate in. You will need to fill out one form and check **ALL** the sports your child plans on participating in. If you have any questions, please contact me using the information below.

Serving Christ,



Mr. Matt Nottling
Athletic Director

matt.nottling@smlswatertown.com

(920)-262-8501 ext 327

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As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury as included in the attached information packet.

Check **all the activities** the student/athlete will participate in this school year:

Cross Country

Soccer

Cheerleading

Softball

Volleyball

Basketball

Track & Field

Parent Agreement:

I _____ have **read** the Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach and the school athletic director.

I understand the possible consequences of my child returning to practice/play too soon.

Signature and printed name of parent/guardian

Date

Student/Athlete Agreement:

I _____ have **read** the Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach and school athletic director before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Signature and printed name of student/athlete

Date