

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Athlete *Please Print Name*

Athlete

Athlete *Please Print Name*

Athlete

Athlete *Please Print Name*

Parent/Guardian

Date



Department of Health