

Concussion Waiver Form

Statement of Student Athlete Responsibility

- I accept responsibility for reporting all injuries and illnesses to Columbus Catholic Schools Medical Staff (athletic trainers and team physicians) including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion.
- I will inform the supervising athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms.

Signature of Student Athlete: _____

Printed Name: _____

Date: _____