



# COACHES AGREEMENT

**As a Coach 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 concussions and head injuries per the guidelines set forth by the Department of Public Instruction and Statute 118.293.

**Coaches Agreement:**

I \_\_\_\_\_ have read the Coaches Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete cannot return to practice or play before providing me with written clearance from an appropriate health care provider.

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

Coach  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_

School/District \_\_\_\_\_

Team/League \_\_\_\_\_

Age Level \_\_\_\_\_



# Coaches Questions

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Current  
Team \_\_\_\_\_

School  
District \_\_\_\_\_

Select League/Youth League  
Name \_\_\_\_\_

1. Have you had any concussion training? \_\_\_\_\_,

When/Where? \_\_\_\_\_

2. Are there athletic trainers present at practices and games? \_\_\_\_\_