

Appendix A: Student-Athlete and Parent/Guardian Concussion Management Plan Agreement



**Student-Athlete and Parent/Guardian
Concussion Management Plan Agreement**

In accordance with **Wisconsin’s Sideline Safety Act 172**, we read the Franklin Public Schools Concussion Management Plan and have been informed of the signs, symptoms, and risks of a sport related concussion.

The student-athlete agrees to accept responsibility for reporting his/her injuries and illness to the coaching/athletic training staff, parents/guardians, or other health care personnel including any signs and symptoms of a concussion.

We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student-athlete and parent/guardian have read this plan.

We acknowledge and understand the responsibility to abide by, understand and consent to all Franklin School District concussion protocols.

We hereby acknowledge having read the Concussion Management Plan which includes the signs, symptoms, and risks of sport related concussions agree to abide by, understand and consent to all Franklin School District concussion protocols.

Printed name of student/athlete	Signature	date
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Printed name of parent/guardian	Signature	date
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**The Concussion Management Plan can be found at:
https://www.franklin.k12.wi.us/uploaded/Education_Recreation_Dept/Kids_Camp/concussionmanagementplan.pdf

Return to: Athletics & Activities Department, School Office or Recreation Department Office