



Loudoun Country Day School
Athletic Department
Middle School

Concussion Education Agreement
2020-2021 School Year

By signing below, I acknowledge that I have read and understand the U.S. Department of Health and Human Services Centers for Disease Control and Prevention information for Parents and Athletes. The links are shown below. I acknowledge that if my child is suspected of having a head injury, they will be removed from any games or practices, and will only be allowed to return to play with written clearance from a doctor. In addition, my child has also signed, acknowledging the same.

[https://www.cdc.gov/headsup/pdfs/youthsports/Parent Athlete Info Sheet-a.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/Parent_Athlete_Info_Sheet-a.pdf)

https://www.cdc.gov/headsup/pdfs/youthsports/factsheet_athletes_ages11-13-a.pdf

https://www.cdc.gov/headsup/pdfs/youthsports/factsheet_athletes_ages14-18-a.pdf

Parent Name – Please Print

Parent Signature

Date

Student Name – Please Print

Student Signature

Date

Turn this in on the first day of PE in order to be able to practice!