

Drew University
Club Sport Concussion Protocol ~ Agreement Form 2013-14

Drew University Recreation Department is concerned about the well being of all club sport participants. To ensure a safe and healthy athletic experience please complete the following.

By initialing each line below, I _____, acknowledge that I have read each provision and agree to comply in regards my participation in (sport) _____ for the 2014-2015 Academic Year.

_____ I shall familiarize themselves with the NCAA Concussion Fact Sheet for Student-Athletes (see copy enclosed). http://fs.ncaa.org/Docs/health_safety/ConFactSheetsa.pdf

_____ I shall be Impact baseline tested prior to participation in any club sport. After reviewing this concussion protocol, complete the mandatory baseline test at: <http://www.impacttestonline.com/colleges>
The code for the Impact test is: 242 31 BE 597. Make sure you remove your pop-up blocker in order to take this test.

_____ I am aware that a concussion can affect my ability to perform everyday activities, including reaction time, balance, sleep, concentration and classroom performance. If you feel you will need special academic accommodations due to your concussion symptoms, please contact Asha Nambiar at 973-408-3962.

_____ It is my responsibility to report to a health professional if I receive a blow to the head or body and experience signs, symptoms or behaviors of a concussion as identified on the Concussion Fact Sheet for Student-Athletes. I will follow up at Health Services as appropriate: 973-408-3414.

_____ I may notice some symptoms of a concussion immediately, but other symptoms may show up hours or days after the initial injury. It is my responsibility to report any delayed signs or symptoms to a health care professional or Health Services.

_____ If I suspect myself or a teammate has a concussion, I am responsible for reporting the injury to Health Services.

_____ Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to accurately report my signs and/or symptoms if I have been diagnosed with a concussion.

_____ Long term risks and consequences of concussion are not readily known. Physical and cognitive rest is required to recover from a concussion. In the event of a concussion I will discuss with my professors any accommodations needed to meet academic requirements.

_____ Recommendations for returning to play will be made by a health professional. I understand that the Coordinator of Campus Recreation Services will consider the evaluations of the health professional and may request additional evaluations prior to allowing the club sport participant to return to play.

_____ If it has been determined that I have suffered a concussion I agree to not partake of any alcoholic beverages until effects of concussion have passed—as determined by a health professional as this could exacerbate the dangers associated with concussions.

Signature

Date

Print Name

ID #