**Louisiana High School Athletic Association**  
**Coaches Concussion Statement**

☐ I have read and understand the LHSAA Concussion Management Protocol.  
☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, and reviewing the LHSAA Concussion Management Protocol, I am aware of the following information:

Initial: 

_________ A concussion is a brain injury which athletes should report to the medical staff.

_________ A concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. You cannot always see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_________ I will not knowingly allow the athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion-related symptoms.

_________ Athletes shall not return to play in a game or practice on the same day that they are suspected of having a concussion.

_________ If I suspect one of my athletes has a concussion, it is my responsibility to have that athlete see the medical staff.

_________ I will encourage my athletes to report any suspected injuries and illnesses to the medical staff, including signs and symptoms of concussions.

_________ Following concussion the brain needs time to heal. Concussed athletes are much more likely to have a repeat concussion if they return to play before their symptoms resolve. In rare cases, repeat concussions can cause permanent brain damage, and even death.

_________ I am aware that athletes diagnosed with a concussion must be assessed by an appropriate healthcare provider. Athletes will begin a graduated return to play protocol following full recovery of neurocognition and balance.

Signature of Coach  

Date  

Printed Name of Coach