Emory Sports Medicine

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Student/Athlete Acknowledgement and Responsibility to Report Signs/Symptoms

As a student-athlete at Chattachoochee High School, I know that from time to time I may become injured /ill. I recognize the importance of reporting such injuries/illnesses to the Emory Sports Medicine Staff in a timely manner. This includes the sign/symptoms of concussion, for which educational information has been provided. My signature below states that I understand and accept responsibility for reporting my injuries/illnesses, including signs/symptoms of concussion.

Print Name	
Signature	
Parent signature if under 18	
Sport	
Date	

