Injury and Illness Reporting Acknowledgment Form

I, ___________________________, acknowledge that I have to be an active participant in my own healthcare. Therefore,

Student-Athlete Name

I have the personal responsibility for reporting all of my injuries and illnesses to the athletic training staff at the University of Southern Maine (USM), who are responsible for my healthcare while participating in intercollegiate athletics at USM. I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the athletic training staff at USM.

• Please click on the following link and review the NCAA Fact Sheet regarding concussions:
• Please click on the following link and review the NCAA Video regarding concussions:
  http://www.youtube.com/watch?v=T3FLRDxbLXg&feature=relmfu

I further understand that there is a possibility that participation in athletic activities may result in bodily injury, a head injury and/or concussion. I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my athletic training staff at USM.

By signing below, I acknowledge that I have reviewed the NCAA fact sheet on concussions and the NCAA concussion educational video and will ask questions about areas of concern that are not clear to me on these issues.

☐ I have read the above information, reviewed the NCAA educational fact sheet and NCAA concussion video and acknowledge that my signature below is a testament to my agreement with all information and statements provided in this document.

Student-Athlete Signature___________________________________________Date__________USM MaineStreet ID#___________

Parent/Guardian Signature (if under 18 years of age)_______________________________Date________________

Parent/Guardian (Print Name) ________________________________