

**University of Wisconsin – Stevens Point**  
**Summer Camp Concussion/Head Injury Form**

I, \_\_\_\_\_, have been provided and read the concussion and head injury information sheet. I understand that there is a risk of injury during athletic participation and I agree to disclose any signs and symptoms of a concussion to the camp coaching staff. I also understand that I will be removed from play to eliminate the risk of further injury and will not be able to resume participation until evaluated and cleared by a health care provider who has experience with evaluating and managing pediatric concussions and head injuries. I will provide written clearance on the health care provider's letterhead or prescription note allowing me to continue participation in the activity.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Print Name

\_\_\_\_\_  
Parent/Guardian (if participant is under 19)

\_\_\_\_\_  
Date