



The College of the Holy Cross

Student- Athlete Sports-Related Concussion Responsibility Statement

Student-Athlete Concussion Education and Policy

ALL STUDENT-ATHLETES PLEASE READ AND SIGN

The NCAA is committed to the prevention, identification, evaluation and management of concussions. The NCAA's latest step in the process to develop a consistent association-wide approach to concussion management has come from the NCAA Executive Committee. The Executive Committee adopted the following policy for institutions across all three divisions.

"Institutions shall have a concussion management **plan on file** such that a student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion **shall be removed** from practice or competition and **evaluated** by an athletics healthcare provider with experience in the evaluation and management of concussion. Student-athletes diagnosed with a concussion **shall not return** to activity for the remainder of that day. Medical clearance shall be determined by the team physician or their designee according to the concussion management plan. In addition, student-athletes must sign a statement in which they accept the responsibility for reporting their injuries and illnesses to the institutional medical staff, including signs and symptoms of concussions. During the review and signing process student-athletes should be presented with educational material on concussions."

The policy came from ongoing review of research data and discussions with the medical community. Determination of appropriate care and treatment of student-athletes injuries and illness are best handled through a local institutional medical model that has team physician oversight and direction. This model should focus on appropriate access to healthcare providers with the unchallengeable authority to determine management and return-to-learn and return-to-play.

- ☐ **I have read and understand the above, the College of the Holy Cross Student-Athlete Sports-Related Concussion Education and Policy.**
- ☐ **I have read the NCAA Concussion Fact Sheet for Student-Athletes, as provided by the College of the Holy Cross.**
- ☐ **I agree to follow the rules and protocols of the College of the Holy Cross Sports Medicine Policy on Management of Sports-Related Concussions if suspected or diagnosed with a concussion.**
- ☐ **If a concussion evaluation is warranted I agree to answer all questions honestly.**
- ☐ **I agree to accept the responsibility to report all injuries and illnesses, including signs and symptoms of concussions while participating in Intercollegiate Athletics at the College of the Holy Cross.**
- ☐ **I will complete the required CFM Module**
- ☐ **I will complete the initial 2 part concussion assessment survey (ImPACT Concussion Assessment and Sport Concussion Assessment Tool 6) before beginning my Athletic season.**
 - **Following completion of the ImPACT test please write in your 12-digit ImPACT Passport ID Code that is generated at the completion of the Baseline exam.**

IMPACT PASSPORT ID: _____ - _____ - _____

Acceptance of Risk: The College of the Holy Cross, in compliance with NCAA guidelines, reminds its student athletes of the inherent risks of injury and sports-related concussion during intercollegiate athletic participation. The College of the Holy Cross, and its athletic administrators, coaches and sports medicine staff, share the management of these risks by endeavoring to create a safe environment for competition. For their part, student athletes are strongly advised to adhere to their coaches', athletic trainers' (and associated physicians') health and safety instructions, including the rules of their sport, while participating in contests, practices, training sessions and related travel to effectively reduce the risks of injury.

PRINT NAME OF STUDENT-ATHLETE: _____ SPORT: _____

SIGNATURE OF STUDENT-ATHLETE: _____ DATE: _____

PRINT NAME OF PARENT/ GAURDIAN (if minor): _____

PARENT/GAURDIAN SIGNATURE (if minor): _____ RELATIONSHIP: _____