

New London Youth Baseball
Sports Concussion Management Plan
Parent/Student-Athlete Concussion Agreement

PARENT AGREEMENT

I have read the Parent Concussion and Head Injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to New London Youth Baseball

I understand the possible consequences of my child returning to practice/play too soon.