



# Concussion Education Program

Recognize 1	Remove 2	Report 3	Recover 4
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## CONCUSSION PLEDGE FORM

*This pledge form is designed to facilitate communication between coaches, youth athletes, and their parents about concussions.*

Program Location: \_\_\_\_\_ Date: \_\_\_\_\_

Example

### COACH

I, \_\_\_\_\_, understand that concussions can be serious injuries. I understand that if not handled properly, concussions may lead to permanent brain injury or death.

**I pledge that if I **RECOGNIZE** signs of concussion in an athlete, or if concern for concussion is brought to my attention by a teammate, coach or athletic trainer, that I must REMOVE the athlete from play immediately.**

**I pledge to **REPORT** a suspected concussion to the parent/guardian at the earliest convenient time.**

**I pledge to not allow the athlete to play again until they are cleared by a doctor and complete a graduated process (BRAIN protocol.) This will help ensure that athlete **RECOVER** completely before returning to play.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date