I acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the Sports Medicine Team at Kutztown University of Pennsylvania (KU), which includes the Team Physician(s), Athletic Training staff, Health & Wellness Center staff and KU related consulting physicians. 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 any prior medical conditions on my Athletic Medical History form and will also disclose any future injury/illness to the Sports Medicine Team at my earliest opportunity.

**Concussion Notice:** I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with education on head injuries, including watching the video supplied and reading the fact sheet provided, and understand the importance of immediately reporting symptoms of a head injury/concussion to the Kutztown University sports medicine staff.

By signing below, I acknowledge that Kutztown University has provided me with specific educational materials on what a concussion is and provided me with an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, ________________________, have read the above and agree that the statements are accurate.

Student-Athlete’s Full Name (PRINT)

Signature of Student-Athlete ______________ Date ______________ Sport ______________

If the Student-Athlete is a Minor, please complete.

Parent’s Full Name (PRINT)

Signature of Student-Athlete ______________ Date ______________