

COACHES AGREEMENT

As a coach it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form you are stating that you have read the Centers for Disease Control and Prevention (CDC) [fact sheet for Coaches](#) in English or [Spanish](#) and the Wisconsin Interscholastic Athletic Association (WIAA) [Concussion Policy](#) and WIAA [concussion resources](#). By signing this form, you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the guidelines set forth by the Department of Public Instruction (DPI), WIAA, and [Wis. Stat. 118.293](#).

By signing this form, you are stating you have read the Sudden Cardiac Arrest Information sheet. Additionally, coaches are advised to read information on the WIAA [website regarding sudden cardiac arrest](#).

I have read the Department of Public Instruction and WIAA's Concussion and Head Injury Information sheet and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if the athlete exhibits signs, symptoms or behavior consistent with a concussion or head injury or if I suspect the athlete has sustained a concussion or head injury.

I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion or if a suspected concussion is reported to me and that the athlete may not return to practice or play until the athlete is evaluated by an appropriate health care provider and provides me with written clearance to participate in the activity from the health care provider.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I understand it is advisable to have an [Emergency Action Plan](#) in place for all sport practice and competition sites that outlines the plan of action in case of the sudden collapse of an athlete. It is advisable to review and practice the emergency action plan with respective school personnel, coaches, on site medical personnel and local EMS.

Coach Signature

Date _____

Printed Name: _____

Sport: _____

School District: _____

Team/League: _____

Age Level: _____