**WILLIAM PATERSON UNIVERSITY**

**Club Sports**

**CONCUSSION INFORMATION WAIVER FORM**

The NCAA requires that all student-athletes sign a statement where they acknowledge, understand, and accept the responsibility for reporting any/all signs and symptoms of a concussion to the William Paterson University Medical Staff.

A concussion is described as a violent shaking or jarring action to the brain, usually as a result of impact with a person, object or ground. A concussive head injury can result in acute clinical symptoms and typically results in a functional disturbance and/or impairment. A concussion may or may not involve loss of consciousness, but physical, cognitive and emotional symptoms may be present.

If you have suffered a head injury during competition or practice, the symptoms of a concussion can present themselves or worsen as time passes. Here are some of the signs and symptoms that may indicate you have sustained a concussion:

**Sample Only**

* If your mild headache intensifies (gets worse)
* You have developed a headache and it becomes more intense in time
* Restless, irritable, or drastic change in emotional control
* Mental confusion or disorientation that gets progressively worse
* Memory loss or memory problems
* Feeling “dazed” or “in a fog”
* Loss of appetite
* Drowsiness, lethargy or increased sleepiness
* Unequal pupils or dilated pupils
* Blurred vision
* Sensitivity to light
* Sensitivity to noise
* Ringing in the ears
* Bleeding and/or clear fluid from nose or ears
* Persistent or increasing nausea and/or vomiting
* Change in breathing patterns
* Dizziness or unsteadiness when walking or standing
* Difficulty speaking or slurring of speech

I agree to inform the William Paterson University Athletic Training Medical Staff when I have experienced signs and symptoms of a concussion during the academic year.

**My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**