

# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

Anthony Clark  
Athlete *Please Print Name*

[Signature]  
Parent/Guardian

8-1-22  
Date

