



UW-MADISON EXTENSION

Wisconsin 4-H Horse Project Member Acknowledgement of Concussion Policy

As a member of the Wisconsin 4-H Horse Project (including the horse managerial and horseless horse activities) it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to concussions and head injuries per the Wisconsin 4-H Horse Project Concussion and Head Injury Policy and related guidance.

Member and Parent Acknowledgement:

I have read the *Wisconsin 4-H Horse Project Concussion and Head Injury Policy* and the [Wisconsin Concussion Information Sheet for Athletes](#) 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 myself from practice/play if I exhibit and/or a concussion is suspected –OR– I was separated from my horse and hit my head.

I understand that it is my responsibility to inform my parents/guardian if I suspect a concussion and that I cannot return to before providing written clearance from an appropriate health care provider.

I understand the possible consequences of returning to practice/compete too soon.

I have read, understand, and agree to the above.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: