



**Stafford County Public Schools**  
**Statement of Participation in Athletics**  
**and Concussion/Brain Injury History**

In order to provide the safest possible environment for your child to participate in marching band in Stafford County Public Schools, please answer the following:

- Is your child currently participating on an athletic team inside or outside of SCPS? Yes or No If yes, please indicate the sport.  
\_\_\_\_\_
- Has your child ever suffered a concussion like brain injury? Yes or No
- If yes, what was the date of the latest concussion like injury? \_\_\_\_\_

Our coaches, band directors, nurses, and athletic trainers work diligently to provide the proper care for any concussion/brain injury, whether it occurs on a Stafford County Public Schools activity/sports team or non-school activity/sports team.

**It is extremely important that if an injury occurs outside of SCPS activities that the school nurse, coach, band director, and/or athletic trainer is notified immediately.**

**It is the responsibility of the student to report all injuries and illnesses to my band director, especially if an injury occurs during marching band rehearsal.**

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please sign and return with other required documents