

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 a or No If yes, please indicate the sport. 	athletic team inside or outside of SCPS? Yes
Has your child ever suffered a concussion l	ike brain injury? Yes or No .
 If yes, what was the date of the latest concurrence 	ussion like injury?
	trainers work diligently to provide the proper care for a Stafford County Public Schools activity/sports team
It is extremely important that if an injury occ	urs outside of SCPS activities that the school
nurse, coach, band director, and/or athletic tr	rainer is notified immediately.
	t all injuries and illnesses to my band director,
especially if an injury occurs during marching	g band rehearsal.
Student Name (print)	
Student Signature	Date
Parent/Guardian Name (Print)	
Parent/Guardian Signature	Date