



Gfeller- Waller Concussion Statement Checklist for
Coach/Athletic Trainer/First Responder/
School Nurse/Volunteer

School: _____

Athletic Team: _____

**Coach/Athletic Trainer/First Responder/
School Nurse/Volunteer Roster**

Please list the names of each person directly affiliated with this athletic team.

(Duplicate form as needed)

Name	Gfeller-Waller Form Date