

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND YOUTH ATHLETES

Youth Athlete's Name (Please Print): _____

Sports Participating In: _____ **Date:** _____

Due to the new Return To Play Law Recreation Departments are required to distribute information to inform and educate youth athletes and their parents of the nature and risk of concussion and head injury the law requires that each year before beginning practice and play for a youth sports; a youth athlete and his/her parents must sign a form acknowledging receipt of the information. The law further states that a youth athlete who is suspected of sustaining a concussion or head injury in practice or games shall be removed from play at the time of injury and may not return to play until he/she has received a written clearance for a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parents please read the attached "Heads Up-Concussion In Youth Sports A Facts sheet for Parents" and ensure that your child is informed of the information also.

I, as the parent or legal guardian of the above named youth athlete have received the Parents Information Fact Sheet; I understand the nature and risk of concussion and head injury to my child including the risks of continuing to play after concussion or head injury.

(Signature of Parent or Guardian)

(Date)