



Saint Mary's Schools PreK-12

50 Richland Street
Worcester, MA 01610
Phone: (508) 753-1170
www.stmarysworcester.org

CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets and/or provide on-line training to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must either take an approved on-line course or read the informational sheet, and both must sign and return the form acknowledging receipt of the information to the athletic director. The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parent – you must read the attached "Heads Up – Concussion in Youth Sports – Online Training Transcript" or take the on-line concussion course found at, <http://www.cdc.gov/headsup/youthsports/training/index.html> and send in the certificate that the on-line course was completed. After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to the athletic director.

I am a student athlete participating in the above mentioned sport. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. I completed the on-line course that was completed in a group setting at school.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received a "Heads Up – Concussion in Youth Sports – Online Training Transcript" or attached is my certificate for taking the on-line course. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

(Signature of Parent or Guardian)

(Date)