CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND YOUTH ATHLETES

Pennsylvania passed a law in 2011 – Act 101 – the Safety in Youth Sports Act. The law requires the Departments of Health and Education to develop guidelines and other materials to inform and educate athletes participating in athletic activities, and their families, on the risk of concussion. The act also requires student athletes and their parents to receive and acknowledge having read a brain injury information sheet on the subject of concussions. Under the act, student athletes who exhibit signs of a concussion are to be immediately removed from participation and are not permitted to return to play until they receive written permission from an appropriate medical professional.

Parent - please read the provided Fact Sheet from your organization. After reading this sheet, please sign below and ensure that your child also signs the form. Once signed, the organization will retain the signed form for their records.

I am a youth athlete in the CYO program. I have received and read the Concussion Fact Sheet. I understand the nature and risk of concussion and head injury, including the risks of continuing to play after concussion or head injury.

PARTICIPANT'S PRINTED NAME **Team**

PARTICIPANT'S SIGNATURE **Date**

I, as the parent or legal guardian of the above named youth, have received and read the Concussion Fact Sheet. I understand the nature and risk of concussion and head injury to youth athletes, including the risks of continuing to play after concussion or head injury.

PARENT'S PRINTED NAME

PARENT'S SIGNATURE **Date**