



# Oregon High School Lacrosse Association

## Acknowledgment of Concussion Guidelines and Materials

In accordance with Senate Bill 721 ("Jenna's Law"), new concussion training and procedural guidelines are now in effect for Oregon coaches, managers, referees, players under the age of 18, and their parents or legal guardians. For each year of participation, and prior to a player under the age of 18 participating, at least one parent or legal guardian must acknowledge receipt and review of the guidelines and materials related to concussions as described in the law. If the player is age 12 or older, the player must also acknowledge receipt and review of the guidelines and materials.

Please review and acknowledge receipt of the three CDC documents listed below and/or any other related materials by signing below. Together we can help ensure better outcomes for athletes who sustain concussions.

1. Parent Concussion Information Sheet:  
[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_parent\\_athlete\\_info.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_parent_athlete_info.pdf)
2. Fact Sheet for Athletes:  
[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_athletes.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_athletes.pdf)
3. Fact Sheet for Parents:  
[http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion\\_fact\\_sheet\\_for\\_parents.pdf](http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_for_parents.pdf)

### Parent/Guardian

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I agree that my child must be removed from practice or a game if a concussion is suspected and that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice or play until providing written clearance from an appropriate health care provider to his/her coach or team manager and I understand the possible consequences of my child returning to practice/play too soon.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Preferred Contact Information (email/telephone) \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Player

I have received and reviewed the guidelines and materials regarding the warning signs of a concussion. I understand the importance of reporting a suspected concussion to my coaches and to my Parents (or guardian) and that I must be removed from practice or game if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach or team manager before returning to practice or play and I understand the possible consequences of returning to practice or play too soon and that my brain needs time to heal.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Preferred Contact Information (email/telephone) \_\_\_\_\_

Date of Birth \_\_\_\_\_