



North of the River Recreation & Park District
Concussion Information Sheet

Please Return this Page

You are receiving this information sheet about concussions because of California state law AB 2007, (effective January 1, 2017), now Cal. Health & Safety Code § 124235. The law requires:

1. An athlete who is suspected to have sustained a concussion or other head injury during a practice or game must be (1) removed from the activity for the remainder of the day; and (2) evaluated by and receive written clearance from a licensed health care provider before returning to the activity;
2. If a licensed health care provider determines an athlete has sustained a concussion or other head injury, that athlete must complete a graduated return-to-play protocol of no less than 7 days under the supervision of a licensed health care provider;
3. If the athlete who sustained a concussion or other head injury is under 18 years old, the youth sports organization must notify the athlete's parent or guardian of (1) the time and date of the injury; (2) the symptoms observed; and (3) any treatment provided for the injury;
4. Each year, before being allowed to participate in practice or competition, each minor athlete and that athlete's parent or guardian, must sign and return a concussion and head injury information sheet;
5. Annually, each league must offer and, before being allowed to supervise an athlete in an activity of the organization, each coach and administrator must successfully complete, a concussion and head injury education course; and
6. The youth sports organization must maintain procedures to ensure compliance with the (1) requirements for providing the concussion and head injury education and information sheet; and (2) athlete removal provisions and return-to-play protocols.

For current and up-to-date information on concussion you can visit:

<https://www.cdc.gov/headsup/youthsports/index.html>

Acknowledgements

1. I hereby acknowledge that I have received the NOR Concussion Information Sheet from North of the River.
2. I have read and understand its contents.
3. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Play" protocols I will consult with a licensed health care provider.

Athlete's Name

Athlete's Signature

Date

Parent's Name

Parent's Signature

Date