

Rocklin Jr Thunder Concussion Information Sheet

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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 **Rocklin Jr Thunder** Concussion Information Sheet from **Rocklin Jr Thunder**.
2. I have read and understood 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