



**Mandatory for  
Oregon  
Boys & Girls High School  
Lacrosse Programs**



**Acknowledgment of Concussion Guidelines and Materials**

In accordance with Senate Bill 721 (“Jenna’s Law”), new concussion training and procedural guidelines are in effect for Oregon coaches, managers, referees, and 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/concussion/headsup/pdf/Parent\\_Athlete\\_Info\\_Sheet](http://www.cdc.gov/concussion/headsup/pdf/Parent_Athlete_Info_Sheet)
2. Fact Sheet for Athletes: [http://www.cdc.gov/concussion/pdf/athletes\\_Eng.pdf](http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf)
3. Fact Sheet for Parents: [http://www.cdc.gov/concussion/pdf/parents\\_Eng.pdf](http://www.cdc.gov/concussion/pdf/parents_Eng.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/play 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/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 (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 my parents/guardian and that I must be removed from practice/play 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/play and I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Printed Name	Signature	Date
	Preferred Contact (email/telephone)	Date of Birth