

## Concussion and Brain Injury Notification Sheet

Parish: Student(s) name: \_\_\_\_\_

Parent name: \_\_\_\_\_

We have received and reviewed the Heads *Up Concussion in Youth Sports* fact sheets and understand that all coaches must comply with the following section from the Alabama Concussion Law HB 108:

“A youth athlete who is suspected of sustaining a concussion or brain injury in practice or a game shall be immediately removed from participation and may not return to play until the athlete is evaluated by a licensed physician and receives written clearance to return to play from a licensed physician.”

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

