



# Concussion Fact Sheet for Parents & Student Athletes Augusta County Public Schools

May 2019

Dear Parents, Guardians, and Student Athletes;

On July 1, 2011, Virginia's Concussion Law - "Student-Athlete Protection Act (SB 652) went into effect.

**The main provisions of the law are:**

1. In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education; and
2. A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider.
3. As required in #1 above, it is required that you and your son or daughter read the enclosed Fact Sheets about concussions and return this signature page to your son or daughter's coach PRIOR to them being allowed to participate in practices and/or events.

We also encourage you to refer to our school webpage at <http://www.augusta.k12.va.us/Page/1787> for further information regarding Augusta County Public School's policies on Concussions. Concussions can be very serious, especially if not recognized and managed properly. **Please take the time to educate yourself and your son or daughter in the signs/symptoms and risks of concussions.**

**Parents & Student Athletes:**

**The signature form below MUST be completed and returned to your son or daughter's coach or the Certified Athletic Trainer PRIOR to the first day of tryouts or practice. Students WILL NOT be allowed to participate until this form is completed and returned**

*My signature below indicates that we have read and understand the enclosed information regarding the risks, signs & symptoms, short and long-term health effects of concussions.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print **Student-Athlete** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print **Parent/Guardian** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**You should receive with this letter a handout of concussion information.**