



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

June 2011

Dear Parents, Guardians, and Student Athletes;

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

The main provisions of the law are:

- 1) Student-athletes and parents shall review information on concussions annually and sign a statement acknowledging receipt of such information
- 2) A student-athlete suspected of sustaining a concussion shall be removed from play. A student-athlete who has been removed from play shall not return to play that same day nor until evaluated by an appropriate licensed health care provider
- 3) Local school divisions may provide concussion guidelines to other organizations sponsoring athletic activity on school grounds, however, school divisions are not required to enforce compliance with such policies.

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/wilsonmemorialhs> (Click on Staff, then Susanna M. Larner) 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: _____

NOTE: You should receive with this letter a handout entitled "Head's Up: Concussion in High School Sports – Fact Sheet for Parents and Fact Sheet for Athletes"