



## SAHOF

## Statewide Amateur Hockey of Florida An affiliate of USA Hockey, Inc

## **Informed Consent about Concussions or Head Injuries**

Effective July 1, 2012 Florida Statute 943.0438, requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

## The Facts:

- ✓ A concussion is a brain injury.
- ✓ All concussions are serious.
- ✓ Concussions can occur without loss of consciousness.
- ✓ Concussions can occur in any sport.
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost or the ice and boards, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following two things among your athletes:

- 1. A forceful blow to the head or body that results in rapid movement of the head. -And-
- 2. Any change in the athlete's behavior, thinking, or physical functioning.
- 3. Signs and symptoms of concussion that may be reported by a coach or other observer:
  - ✓ Appears dazed or stunned
  - ✓ Is confused about assignment or position
  - ✓ Forgets sports plays
  - ✓ Is unsure of game, score or opponent
  - ✓ Moves clumsily
  - ✓ Answers questions slowly
  - ✓ Loses consciousness (even briefly)
  - ✓ Can't recall events prior to hit or fall
- 4. Signs and symptoms that may be reported by the player:

- ✓ Headache or pressure in head
- ✓ Nausea or vomiting
- ✓ Balance problems or dizziness
- ✓ Double or blurry vision
- ✓ Sensitivity to light
- ✓ Sensitivity to noise
- ✓ Feeling sluggish, hazy, foggy, or groggy
- ✓ Concentration or memory problems
- ✓ Confusion
- ✓ Does not -feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at <a href="http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html">http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html</a>.

<u>Under Florida law this player who has a suspected concussion or head injury must be removed from play or practice.</u> Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

In the event that my player is diagnosed or is suspected to have sustained a concussion or head injury, I acknowledge that it is my responsibility to inform any and all teams on which the player plays for of such injury and to abide by the this policy

I have read and understand this consent form, and I volunteer to participate.

Player Name:	1
Signature:	Date:
As parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.	
Parent/Legal Guardian Name:	
	]
Signature:	Date: