



Ohio's Return to Play Law: Parent/Guardian Confirmation of Receipt of the Ohio Department of Health Concussion Information Sheet:

My signature below acknowledges that I, as the parent or guardian of the listed player, have received from GSSA the Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations.

Player First Name : _____ Player Last Name : _____

Name of Coach: _____ Team Level: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____