

Parental Consent Form Regarding Concussions and Head Injuries

(The purpose of this form is to comply with the provisions of Florida Statute 943.0438 (2), which imposes on independent sanctioning authorities, such as STARS, the requirement, as stated in the statute, that "...the parent or guardian of a minor who participates in athletic practices or competitions of the independent sanctioning authority, before the minor participates in a competition, practice, or other activity, sign and return a consent form that explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury has occurred." Further, it directs that "...a youth athlete who is suspected of sustaining a concussion or head injury in a practice or competition [is] to be immediately removed from the activity. A youth athlete who has been removed may not return to practice or competition until the youth receives written clearance to return from a physician who is licensed under chapter 458 or chapter 459.")

I, _____, the parent or legal guardian of
_____, give my consent for him/her to
participate in STARS of Niceville, FL, with my full understanding of the following:

1. Although this has been a rare occurrence in STARS, I realize my child in the course of play or practice may sustain a head injury or concussion during a practice, game or other authorized activity. I further understand that serious and long-term detrimental effects can result from a concussion or head injury.
2. If my child is suspected of sustaining or actually sustains a head injury or concussion during a practice, game or other authorized activity, I accept that he/she will be immediately removed from the activity and may not participate in further STARS practices, games or other activities until written clearance from a medical or osteopathic physician duly licensed to practice in the State of Florida is received by FC Dallas Emerald Coast STARS Program Director, Eric Navarre.
3. I have been provided a supplemental Concussions Information Sheet, the provisions of which I understand and accept in registering my child to participate in STARS. I will share this information, as I deem appropriate, with my child.

Signature of parent or legal guardian

Date