



# Return-to-Play Law

PARENTAL / GUARDIAN CONFIRMATION OF RECEIPT OF THE ODH CONCUSSION INFORMATION SHEET

DATE \_\_\_\_\_

COACH \_\_\_\_\_

TEAM \_\_\_\_\_

(EX: U8 Boys Smith)

PLAYER'S NAME \_\_\_\_\_

PLAYER'S DOB \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Per ORC 3707.52 as enacted by Ohio HB 143 of the 129th General Assembly, the Ohio Department of Health (ODH) is required to create a concussion and head injury information sheet for participants in youth sports and interscholastic activities. Starting April 26, 2013, this law requires a youth sports organization, such as <sup>NKSA</sup> to provide this concussion information sheet to the parent or guardian of an individual who wishes to practice for or compete in an athletic activity organized by the organization.

Your signature acknowledges that you, as the parent or guardian of the listed player, have received information regarding concussions and head injuries in accordance with Ohio HB 143, effective April 26, 2013.

I certify the Ohio Department of Health's concussion and head injury information sheet has been distributed/read and understood.

\_\_\_\_\_  
PARENT(S) / GUARDIAN NAME(S) PRINTED

\_\_\_\_\_  
PARENT(S) / GUARDIAN SIGNATURE