

## CONCUSSION INFORMATION

Dear Parent and Athlete:

Each year, about 300,000 sports related traumatic brain injuries occur in our country and many of those are classified as concussions. Concussions can occur in any sport – and all are serious injuries.

On May 14<sup>th</sup>, 2009 Washington State Governor Christine Gregoire signed into law House Bill 1824 to be known as the Zachery Lystedt Law. This new law requires the education of coaches, players and parents on the recognition and management of concussions as well as establishing return to play protocol for all athletes suspected of, or having a concussion or brain injury.

As of July 26, 2009, the implementation date of the legislation, the following will apply to all school coaches, players and their parent/guardians.

1. All school coaches will have to take a training course on the nature and risk of concussions and head injuries including continuing to play after a concussion or head injury.
2. Each school year prior to initiating any turnouts or competition, all school athletes and their parents/guardians must have received training on concussions and head injuries and provide the school with a signed statement indicating they have taken this training. **Your signatures are required below.**
3. All athletes suspected of suffering a concussion or brain injury will be removed from practice or competition and not returned to play until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions.

Parents and Athletes will be given an information sheet to alert and train you as to the signs and symptoms of a concussion and steps to follow if a concussion is suspected. If for any reason you did not get this information sheet, please contact your school's athletic department so that you can obtain the information sheet.

For further information: [www.cdc.gov/TraumaticBrainInjury/Fact\\_sheet\\_for\\_Parents.html](http://www.cdc.gov/TraumaticBrainInjury/Fact_sheet_for_Parents.html)

If I can be of assistance or answer any questions please do not hesitate to contact me.

Dave Lutes  
Director of Athletics & Activities

Athlete's Full Name (please print) _____	Grade: _____
Signature of Athlete: _____	
Signature of Parent/Guardian: _____	Date: _____

**BOTH SIDES OF THIS PAGE MUST BE SIGNED AND  
RETURNED TO THE SCHOOL ATHLETIC DIRECTOR**