



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Athletics and Head Injuries – Informed Consent What You Need to Know

Dear Youth Sports Parents and Athletes –

The Y is the leading organization focused on youth development, healthy living and social responsibility. At the Y, the safety of our children is paramount, so we'd like to take a few minutes to share with you information about the risks of head injuries and some new requirements under Florida Law for youth sports organizations.

During its 2012 regular session the Florida Legislature passed House Bill 291 to insure that parents, coaches and athletes are informed of the risks associated with head injuries and to mandate minimum standards for education, informed consent and re-entry after suspected injury.

The law requires the following:

- Education of athletic coaches, officials, administrators, and youth athletes and their parents or guardians of the nature and risk of concussion and head injury.
- The parent or guardian of a youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent 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.
- Each youth athlete who is suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from the activity.
- A youth athlete who has been removed from an activity may not return to practice or competition until the youth submits to the athletic coach 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.
- Medical clearance must be authorized by the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

After reviewing the attached materials from the CDC please sign and return the informed consent below to the YMCA staff.

By signing below, I acknowledge that I have received and reviewed the attached Concussion in Sports Fact Sheet from the Department of Health and Human Services, Centers for Disease Control and Prevention [http://www.cdc.gov/concussion/pdf/parents\\_Eng.pdf](http://www.cdc.gov/concussion/pdf/parents_Eng.pdf), [http://www.cdc.gov/concussion/pdf/athletes\\_Eng.pdf](http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf). I also acknowledge and I understand the risks of brain injuries associated with participation in athletic activity, and I am aware of the requirements of the State of Florida's House Bill 291-Youth Athletes.

\_\_\_\_\_  
Athlete's Print Name

\_\_\_\_\_  
Parent or Guardian Print Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date