



## Concussion Protocol Coach Acknowledgement Form

Season: \_\_\_\_\_ Affiliate: \_\_\_\_\_

Coach Name: \_\_\_\_\_

Program: \_\_\_\_\_ Level of Play: \_\_\_\_\_

1. I understand that the Pacific District of USA Hockey has adopted concussion-related education, awareness and protocol into their policies and procedures.
2. I understand the following guidelines and protocol exist, and will respect them if they must be instituted for any athlete on the team:
  - a. An athlete who is suspected of sustaining a concussion or head injury shall be immediately removed from participation for the remainder of the day. Removal can be at the request of a coach, official, team manager, parent/guardian, or the athlete.
  - b. Athlete shall not be permitted to return to participation until he/she is evaluated and released by a medical professional trained in the management of concussions, and acting within the scope of his/her practice. Acceptable evaluators should be medical professionals with one of the following medical license designations: MD, DO, Neurologist, Neuropsychologist.
  - c. The athlete shall not be permitted to return to participation until he or she provides the approved and completed Concussion Release form to its member program (head coach, team manager, and registrar).
3. Should it be determined that an athlete needs to be removed from participation, I understand that the protocol outlined herein must and will be followed for the safety of the athlete.
4. I understand that if a suspected concussion has occurred and protocol has been enacted for an athlete, there is no review period or negotiation as to the course of action and return to participation outside of the recommendations of the evaluating medical professional who has been selected to treat the athlete.

By the signature below, I acknowledge and agree to all the information stated herein.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date