Oregon School Activities Association
25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
503.682.6722 FAX 503.682.0960 http://www.osaa.org

Concussion – Private School Informed Consent

Excerpt Executive Board Policies – Concussion Management ***(Fall 2015)***

A. **"Member School's Responsibilities (Max's Law, *ORS 336.485*, *OAR 581-022-0421*) (Jenna's Law, *ORS 417.875*)**

1) **Suspected or Diagnosed Concussion**. Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion, shall not be permitted to return to that athletic contest or practice, or any other athletic contest or practice on that same day. In schools which have the services of an athletic trainer registered by the Oregon Board of Athletic Trainers, that athletic trainer may determine that an athlete has not exhibited signs, symptoms or behaviors consistent with a concussion, and has not suffered a concussion, and return the athlete to play. ***A***thletic trainers may also work in consultation with an appropriate Health Care Professional (see below) in determining when an athlete is able to return to play following a concussion.

2) **Return to Participation**. Until an athlete who has suffered a concussion is no longer experiencing signs, symptoms, or behaviors consistent with a concussion, and a medical release form signed by an appropriate Health Care Professional (Physician (MD), Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursing, or Psychologist licensed by the Oregon Board of Psychologist Examiners) is obtained, the athlete shall not be permitted to return to athletic activity.

3) ***Private Schools Only***.

On an annual basis prior to participation, private schools shall require each student and at least one parent or legal guardian of the student to sign the Concussion – Private School Informed Consent form acknowledging the receipt of information regarding symptoms and warning signs of concussions. Private schools shall maintain a copy of each student's signed form on file for review at any time by OSAA staff.

See OSAA Executive Board Policies, "Concussion Management" for additional information.

Jenna's Law Compliance Statement

I certify that:

1. I have been provided with information on concussions in high school sports in compliance with ORS 417.875.
2. I understand that on an annual basis, the Concussion – Private School Informed Consent form shall be signed and turned into my school's Athletic Director by myself (or my parent or legal guardian if I am under the age of 18 years old) prior to my participation in a practice or competition.

Student: _____ Signature: _____ Date: _____
(Printed Name)

Parent: _____ Signature: _____ Date: _____
(Printed Name)