



THE CITY OF
COLUMBUS

ANDREW J. GINTHER, MAYOR

**RECREATION AND PARKS
DEPARTMENT**

**ACKNOWLEDGEMENT OF HAVING READ THE “OHIO DEPARTMENT
OF HEALTH CONCUSSION INFORMATION SHEET”**

By signing this form, as the parent/guardian/care-giver of the athlete named below, I acknowledge having read the “Youth Sports Concussion Information Sheet” prepared by the Ohio Department of Health (sheet can be found here: www.healthy.ohio.gov/concussion).

I understand that concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my athlete’s doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the athletes and may prohibit my athlete from further participation in athletic programs until my athlete has been cleared to return by a physician or other appropriate health care professional.

Athlete’s Name

Recreation Center

Baseball Basketball Boxing Cheer/Dance Flag FB Gymnastics Martial Arts Soccer Tennis Other
Sport(s) – Circle all that apply

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date