



Concussion – Private School Informed Consent

Excerpt Executive Board Policies – Concussion Management

(Fall 2014)

B. “Member Private School’s Responsibilities (Jenna’s Law, ORS 417.875)

- 1) **Concussion – Private School Informed Consent Form:** *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.*
- 2) **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.
- 3) **Return to Participation:** Until an athlete who has **exhibited signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body or who** 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.”

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)