



MAHA Concussion Management Coach's Statement 2013-14

- I have been provided the MAHA/USA Hockey Concussion Management educational materials.
- I have read and understand the information.
- I agree to comply with the requirement to remove a youth athlete who is suspected of sustaining a concussion from all activity until I receive a written clearance from a health professional.
- I have also completed one of the two concussion on-line training courses listed on the Michigan Department of Community Health (MDCH) website (www.mich.gov/mdch), Public Safety & Environmental Health page.
- I agree to advise the NYHA SafeSport Administrator of any suspected occurrence of concussion and to forward a copy of the written clearance for their files.
- I have been advised that I should visit the Centers for Disease Control and Prevention's information page, *Injury Prevention & Control: Traumatic Brain Injury* (www.CDC.gov).

Coach's (print)	_____	Witness Name (print):	_____
Coach's Signature:	_____	Witness Signature:	_____
Date:	_____		

Participant's Year of Birth: _____
