

AAHA Concussion Protocol Coach AcknowledgementForm

Season:		Affiliate:Arizona Amateur Hockey Association			
Со	pach Name (Print):				
Program:		Team(s):		(s):	
1.	I understand that the AZ Ama and protocol into their policies			oted concussion-related education, awareness	
2.	 I understand the following guidelines and protocol exist, and will respect them if they must be instituted for any athlete on the team: 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. 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.				
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.				
Ву	the signature below, I acknowledg	e and agree to a	all the information stat	ted herein.	
	Name			Date	

This form should be signed by every coach and kept in the team manager's binder & available for review at any point during the season.