

Hockey Academy of Houston (HAH)

Concussion Policy

Parent/Guardian Acknowledgment Form

Player Name: _____ . Team: _____ .

Coach: _____ .

- 1) I/we understand that HAH has implemented concussion related education, awareness and safety protocol based on USA Hockey and TAHA policies.
- 2) I/we understand that I/we must respectfully follow these guidelines for above named player:
 - a) A HAH player who is suspected to sustain a concussion while attending any HAH activity will be immediately removed from the HAH event for the entire day. Removal is at the discretion of the Coach, official, team manager or parent/guardian or player.
 - b) The next day, the player should be assessed for continued concussion symptoms. Should the player have an absence of concussion related symptoms, a parental release note should be directed to the Hockey Director. The hockey Director retains the authority to require a medical evaluation as needed with either a medical doctor or neurologist.
 - c) Should the player continue to exhibit concussion related symptoms, per HAH concussion policy the player is now medically suspended from all HAH activities until a medical doctor or neurology examination is conducted. The player may return to play once a medical doctor or neurologist has written a release note given to the Hockey Director.
- 3) If the player is removed from play, I/we understand that it is for the safety of the player that the HAH concussion protocol must be adhered to.
- 4) A suspected concussion will be treated with the same protocol where as the player will require a medical release note from a medical doctor or a neurologist.
- 5) I/we understand that if my player exhibits any concussion like symptoms that I/we have the authority to remove the player from any HAH activity and commence concussion protocol with a medical doctor or neurologist doctor.

I/we acknowledge and have the above policy. My/our signature below acknowledges and agrees to the responsibility for the above names player for the current season and I/we will respectfully adhere to all the information stated wherein.

Parent/Guardian Name: _____ . Date: _____ .

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