



Player Medical Release and Concussion Form

Fax: (801) 590-9365 • Tel: (801) 590-9950 • Web: www.implaxutah.org

Please fill out and return to Coach

As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment to the above minor. I have not been given a guarantee as to the results of any examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Date of Player's Birth ____/____/____ Date of last tetanus booster ____/____/____

Known allergies of this player, including any allergies to medicine _____

Any other medical problems that should be noted (such as previous concussions) _____

Family Physician _____ Phone(____) _____

Name of Parent or Guardian _____

Address _____

City/State/Zip _____

Phone _____ (home) _____ (work) _____ (fax)

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone _____ (home) _____ (work) _____ (fax)

Person to notify if parent/guardian is unavailable _____

Address _____

City/State/Zip _____

Phone _____ (home) _____ (work) _____ (fax)

Insurance Carrier _____ Policy # _____

Signature of Parent/Guardian _____ Date _____

Signature of Witness _____ Date _____

Print Name of Witness _____

Address _____

City/State/Zip _____

Phone _____ (home) _____ (work) _____ (fax)



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General Concussion Policy

Intermountain Lacrosse Youth League Concussion Management policy requires that a player be removed from a practice or game if he or she is suspected of sustaining a concussion or a traumatic head injury. The full policy can be found at www.implaxutah.org. Furthermore, that player will not be permitted to return to play until he/she has been evaluated and cleared (in writing) by a qualified health care professional, trained in the evaluation and management of a concussion (per H.B. 204 - <http://le.utah.gov/~2011/bills/hbillenr/hb0204.pdf>).

Baseline Testing

Players are strongly encouraged to seek out a reputable professional to provide baseline testing. Baseline testing can help with the diagnosis of a concussion and assist with determining when an athlete is ready to resume play. It is HIGHLY recommended but not required.

Resources

Valuable training resources have been provided by US Lacrosse and The Center for Disease Control and links to that information is available on the Utah Lacrosse Association's website:

<https://leagueathletics.com/Page.asp?n=67466&org=utahlax.org>

Acknowledgement

I hereby acknowledge:

- I have read and reviewed the ULA youth league concussion policy and understand the requirements as dictated by House Bill 204.
- I will remove my child from practice or play if they sustain any head injury (bump, blow, jolt to head)
- My child will not be returned to play until they have been cleared (in writing) by a qualified health care professional

Name of Participant (Print): _____

Parent Guardian Name (Print): _____

Signature of Parent/Guardian: _____ **Date:** _____