



Head Injury and Concussion Policy

In any sports activity run by the Murray City and every agent, coach, referee, or employee thereof shall immediately remove a child of 18 years of age and younger from participating in a sporting activity if the child is suspected of sustaining a concussion or a traumatic head injury

1. The child will be prohibited from participating in any sporting activity until the child is evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion; and provides the City with a written statement from the qualified health care provider stating that:
 - (a) the health care provider has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion; and
 - (b) the child is cleared to resume participation in the sport activity.
2. A child participant, or parent or legal guardian of a child participant, who suspects the child participant may have sustained a head injury or concussion at any time during a game, class, course or season of a sports activity, regardless of location such suspected head injury was sustained, must immediately make it known to a City staff member.
3. Before a child is allowed to participate in any City sports activity, the parent or legal guardian shall inform City staff members as to whether the child participant has ever sustained a concussion or head injury. If a child has previously sustained a head injury, the parent or legal guardian shall provide City with clearance as explained in section 2 above.
4. The City, in its discretion, may consider temporary or permanent disqualification from contact sports or sports with a higher likelihood of head injury for participants who have previously sustained three or more concussions and experienced slowed recovery.
5. Before a child is allowed to participate in any City sports activity, the parent or guardian of the child must sign the attached acknowledgement and release.

As the parent or legal guardian of _____ (*child participant*), who is participating in _____ (*sporting activity*), I acknowledge that I have received a copy of, read, understand, and agree to abide by Murray City’s Concussion and Head Injury Policy (the “Policy”). I hereby state that:

- my child has not previously sustained a concussion or head injury; **or**
 my child has previously sustained a concussion or head injury and I have provided the City with an acceptable medical clearance.

I release and agree to hold harmless the City from any and all claims, demands, losses, liabilities, damages, costs and fees from concussions or head injuries that arise when I have not complied with the Policy.

Signature

Printed Name

Date