

STANWOOD-CAMANO SCHOOL DISTRICT #401

**COMPLIANCE STATEMENT FOR
CONCUSSION, HEAD INJURY AND SUDDEN CARDIAC ARREST
AWARENESS**

The undersigned office of _____, a non-profit Organization; hereby acknowledges that the organization has reviewed with all coaches, athletes and their parent/guardian the Sudden Cardiac Arrest Awareness as prescribed by SB 5083, section 3 and Engrossed House Bill 1824 which has been codified in RCW 4.24.660 and RCW 28A.600 relating to management of concussions and head injuries in youth sports. The undersigned further agrees to comply with the rules identified in the bill as follows:

1. An annual concussion and head injury information sheet shall be signed by the athlete and parent/guardian and kept on file by the non-profit organization. If an athlete plays for multiple organizations, an information sheet shall be filled out for each organization.
2. Athletes with a suspected head injury or concussion shall be removed from play at that time.
3. An athlete who has been removed from play shall not return to play until he/she has been evaluated and released by a licensed healthcare provider.

Signature

Date

Printed Name

Title

Name of Organization