



## Concussion Laws by State

### Definitions of terms as used in this document:

Student athletes: means athletes participating in interscholastic sports/activities

Youth athletes: means athletes participating in interscholastic *and/or* non-interscholastic sports

Students: used to encompass those participating in athletic activities *and/or* non-athletic activities

Interscholastic athletic activities: organized school athletic activity (practice, competition, etc.) (*Interscholastic*)

Youth sports program: referring to a recreational program and can also include any city, business, or nonprofit organization that organizes a youth athletic activity (*non-interscholastic*)

Youth athletic activities: means an organized athletic activity in which the participants, a majority of whom are under nineteen (19) years of age (or otherwise stated), are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity (*encompasses both interscholastic and non-interscholastic (youth sports programs)*)

<p><b>ALABAMA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal  <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches must complete annual training. <u>RELEASE AUTHORIZATION:</u> A youth athlete who is suspected of sustaining a concussion or brain injury in a practice or game shall be immediately removed from participation (that day) and not allowed to return to play until evaluated by a licensed physician and until the athlete receives written clearance to return to play from a licensed physician.</p>
<p><b>ALASKA:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> The school district is responsible for developing and publishing guidelines for coaches, students and parents of student athletes. <u>RELEASE AUTHORIZATION:</u> A qualified licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions. "Qualified person" means either a (1) health care provider who is licensed in the state or exempt from licensure under state law; or (2) person who is acting at the direction and under the supervision of a physician who is licensed in the state or exempt from licensure under AS 08.64.370(1), (2), or (4).</p>
<p><b>ARIZONA:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal; Coach, game official, licensed healthcare professional, and/or parent can remove an athlete <u>TRAINING/EDUCATION:</u> School districts boards develop concussion guidelines and educational programs. Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider, DO/MD, AT, NP or PA, who has received training specifically dealing with brain injuries and/or concussions.</p>
<p><b>ARKANSAS:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions and receives written clearance.</p>
<p><b>CALIFORNIA:</b> <u>AFFECTED PARTY:</u> Youth athletes and non-interscholastic youth sports programs <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal; must wait minimum of 7 days before returning <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <b>Coaches, officials, administrators must successfully complete, at least once, concussion or head injury training. Education material provided annually – see sports medicine website.</b> <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions and must have written clearance from that healthcare provider.</p>
<p><b>COLORADO:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches must complete an annual concussion education course. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider (DO/MD, NP, PA or doctor of psychology with training in neuropsychology or concussion evaluation and management) who has received training specifically dealing with brain injuries and/or concussions.</p>
<p><b>CONNECTICUT:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities (including intramurals) <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches must complete concussion training course and take yearly refresher training. Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions along with reading written educational/training materials or attending an in-person training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider, DO/MD, PA, NP or AT, who has received training specifically dealing with brain injuries and/or concussions.</p>
<p><b>DELAWARE:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches are required to complete concussion training once every two years. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider, DO/MD, NP, PA, AT or school nurse</p>
<p><b>D.C.:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches and athletic trainers must go through training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions.</p>
<p><b>FLORIDA:</b> <u>AFFECTED PARTY:</u> Youth athlete <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> A signed concussion form acknowledging receipt and understanding of information on concussions must be received prior to participation (not specific if it needs to be both athlete and parent or legal guardian). An independent sanctioning authority adopts policies to inform <b>game officials</b>, coaches, athletes and parents about concussions. <u>RELEASE AUTHORIZATION:</u> Written clearance from a physician</p>
<p><b>GEORGIA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Parents and legal guardians will receive an informational sheet on concussions prior to the beginning of each athletic season. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider, DO/MD, NP, PA or AT, who has received training specifically dealing with brain injuries and/or concussions and is licensed under a physician</p>



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<p><b>HAWAII:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Annual concussion awareness training for parents, athletes, coaches, administrators, faculty, staff and sports officials. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider (DO/MD, NP, PA, AT or neuropsychologist) who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>IDAHO:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athletes, parents, coaches, referees, game officials, game judges, and athletic trainers annually provide signed confirmation that they have reviewed the concussion guidelines. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider, DO/MD, PA or NP, who has received training specifically dealing with brain injuries and/or concussions. <b>Liability protections are available to all youth sports programs and individuals who comply with the law.</b></p>
<p><b>ILLINOIS:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> None mentioned <u>TRAINING/EDUCATION:</u> The Illinois High School Association is responsible for providing information to all schools regarding concussion education and awareness. Athlete and parent or legal guardian must sign a form acknowledging receipt and understanding of information on concussions prior to participation. Coaches, and Officials must take educational courses. <u>RELEASE AUTHORIZATION:</u> Written clearance from a physician or athletic trainer</p>
<p><b>INDIANA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>IOWA:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider (DO/MD, PA, PT, Chiropractor, AT, and Nurse)</p>
<p><b>KANSAS:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider</p>
<p><b>KENTUCKY:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches required to complete a sports safety course. Educational materials available to athletes, parents and the public. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>LOUISIANA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must sign a concussion form before the athlete can participate in athletic activity. Coaches and officials must complete an annual concussion recognition course. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider, DO/MD, PA, NP or psychologist who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>MAINE:</b> <u>AFFECTED PARTY:</u> Students <u>ACTIVITY:</u> Interscholastic athletic activities and non-athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches, Athletic Directors and other school personnel involved with school activities and athletics must attend a concussion training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>MARYLAND:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must sign a concussion form before the athlete can participate in athletic activity. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>MASSACHUSETTS:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities (including marching band) <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Annual concussion training for coaches, athletic trainers, volunteers, physicians and nurses employed by the school or school district, athletic directors, marching band directors, and parents or legal guardians. Athlete and parent or legal guardian must sign a form acknowledging receipt and understanding of information on concussions before the start of each sports season. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider, DO/MD, AT or neuropsychologist</p>
<p><b>MICHIGAN:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities (including physical education classes and athletic activities organized by nonprofits) <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must sign a concussion form before the athlete can participate in athletic activity. Coaches, employees, volunteers and other adults involved in youth athletics are provided with training materials. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider</p>
<p><b>MINNESOTA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities (including those organized by nonprofits) <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches and officials must complete initial online training and renew the training 3 years from completion date. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>MISSISSIPPI:</b> <u>AFFECTED PARTY:</u> Students <u>ACTIVITY:</u> Interscholastic athletic activities and non-athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Parent or legal guardian must sign a concussion form prior to each athletic event season. Concussion recognition education course available online for the public. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider, DO/MD, PA, NP or other licensed HCP working under a directing physician</p>



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<p><b>MISSOURI:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Published annual report about the impact of concussions and head injuries on student athletes. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>MONTANA:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal by athletic trainer, coach or official <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches, officials and athletic trainers must complete annual training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who is statutorily recognized to have received training specifically dealing with brain injuries and/or concussions</p>
<p><b>NEBRASKA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities (including those organized by nonprofits) <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Concussion information must be provided to athletes and parents prior to participation. Concussion education training must be made available to coaches. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider such as a DO, MD, NP, AT, Neuropsychologist, or any other qualified individual who has received training specifically dealing with brain injuries and/or concussions under the direct supervision of a physician</p>
<p><b>NEVADA:</b> <u>AFFECTED PARTY:</u> Youth athlete <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider defined as a PT, AT, or MD</p>
<p><b>NEW HAMPSHIRE:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities including intramural sports <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> School district must annually distribute a concussion and head injury information sheet to all athletes. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>NEW JERSEY:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches and trainers must annually review concussion policy. <u>RELEASE AUTHORIZATION:</u> A physician or other licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>NEW MEXICO:</b> <u>AFFECTED PARTY:</u> Students <u>ACTIVITY:</u> Interscholastic athletic activities and non-athletic activities <u>ACTION TAKEN:</u> Immediate removal; must wait minimum of 7 days before returning and absolutely no same day return <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches receive training on concussion education. <u>RELEASE AUTHORIZATION:</u> Licensed and practicing MD, DO, PA, NP, Psychologist, or AT</p>
<p><b>NEW YORK:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Required training course every other year for school coaches, physical education teachers, nurses and athletic trainers. All districts must have a concussion management team. Parent or legal guardian must sign a permission form with concussion related material included. <u>RELEASE AUTHORIZATION:</u> Licensed physician</p>
<p><b>NORTH CAROLINA:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches, school nurses, athletic directors, first responders, volunteers, student athletes and their parents, must annually receive a concussion and head injury information sheet. School employees, first responders, volunteers, student athletes and their parents must sign the sheet. Each school must have an emergency action plan and rehearse it annually. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider (MD, Neuropsychologist, PA, AT, NP) who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>NORTH DAKOTA:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches and officials are required to receive training on concussions every other year. Parent and athlete must document they have viewed information regarding concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>OHIO:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Parent or legal guardian must sign a concussion information form each year for each sport their athlete participates in. Coaches must hold a pupil-activity program permit (PAP). Referees must either have the pupil-activity program permit (PAP) or have completed a concussion training program within the previous three years. <u>RELEASE AUTHORIZATION:</u> Licensed physician (MD, DO) or health care provider trained in concussions working under the supervision of, in consultation with, or in collaboration with a physician</p>
<p><b>OKLAHOMA:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>OREGON:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal not specifically stated; only states an athlete cannot participate in any athletic event or training on the same day if they exhibits signs, symptoms or behaviors consistent with a concussion <u>TRAINING/EDUCATION:</u> Annual training for coaches and referees. Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider</p>
<p><b>PENNSYLVANIA:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal by coach <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches must annually complete concussion training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider (MD, DO, AT, Neuropsychologist) who has received training specifically dealing with brain injuries and/or concussions</p>



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<p><b>RHODE ISLAND:</b> <u>AFFECTED PARTY:</u> Youth athlete <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches, trainers, and volunteers involved in youth sport programs must complete a training course on concussions and traumatic brain injuries. <u>RELEASE AUTHORIZATION:</u> Licensed physician AND a signed concussion information form by athlete and parent or legal guardian</p>
<p><b>SOUTH CAROLINA:</b> <u>AFFECTED PARTY:</u> Student athlete (including cheerleaders) <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Information sheets on concussions are given annually to coaches, volunteers, student athletes, and their parents or legal guardian. Parent or legal guardian's receipt of this information must be documented. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider (MD, DO, PA, NP, AT)</p>
<p><b>SOUTH DAKOTA:</b> <u>AFFECTED PARTY:</u> Youth athlete <u>ACTIVITY:</u> Athletic activities sanctioned by the South Dakota High School Activities Associate (SDHSAA) <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches must annually complete training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>TENNESSE:</b> <u>AFFECTED PARTY:</u> Youth athletes: 18 years old and younger <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Coaches and athletic directors (or head of the youth athletic activity) are to complete an annual concussion and head injury education course along with signing an information sheet. Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>TEXAS:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches and any health care provider that serves on the concussion oversight committee must complete concussion training every two years. Athletic trainers must also complete a training. Every school district must have a concussion oversight committee. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider (MD, DO, PA, NP, AT, Neuropsychologist) AND a signed consent form from athlete and parent or legal guardian</p>
<p><b>UTAH:</b> <u>AFFECTED PARTY:</u> Youth athlete: 18 years old and under <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Parent or legal guardian's signature on policy before athlete participates. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions within the previous three years</p>
<p><b>VERMONT:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a concussion form. Coaches and referees complete annual training on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider (AT, or) who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>VIRGINIA:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Interscholastic athletic activities and non-interscholastic youth sports programs utilizing school property <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. School staff, coaches, athletic trainers, team physicians, and volunteers must complete annual concussion training. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider (MD, DO, PA, AT, NP, Neuropsychologist)</p>
<p><b>WASHINGTON:</b> <u>AFFECTED PARTY:</u> Youth athletes and non-interscholastic youth sports programs utilizing school property <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> School districts board of directors and state interscholastic activities association develop concussion guidelines and educational programs for coaches, athletes and parents or legal guardian. Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>WEST VIRGINIA:</b> <u>AFFECTED PARTY:</u> Student athletes <u>ACTIVITY:</u> Interscholastic athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. Coaches must complete annual training. <u>RELEASE AUTHORIZATION:</u> A licensed healthcare provider who has received training specifically dealing with brain injuries and/or concussions</p>
<p><b>WISCONSIN:</b> <u>AFFECTED PARTY:</u> Youth athletes <u>ACTIVITY:</u> Youth athletic activities <u>ACTION TAKEN:</u> Immediate removal <u>TRAINING/EDUCATION:</u> Athlete and parent or legal guardian must annually sign a form acknowledging receipt and understanding of information on concussions. <u>RELEASE AUTHORIZATION:</u> Licensed health care provider</p>
<p><b>WYOMING:</b> <u>AFFECTED PARTY:</u> Student athlete <u>ACTIVITY:</u> None mentioned <u>ACTION TAKEN:</u> None mentioned <u>TRAINING/EDUCATION:</u> School districts are required to adopt protocols to address risks associated with concussions and other head injuries, including providing training to coaches and athlete trainers, restrict an athlete's participation after suffering a concussion or head injury and distribute educational material to athletes and parents or legal guardians. <u>RELEASE AUTHORIZATION:</u> None mentioned</p>

The laws, affected parties, and state requirements change frequently. Check your state requirements as needed.