CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print):	
Sport Participating In:	Date:
Due to the new law "Student Athletes: Concussions a required to distribute information sheets to inform a the nature and risk of concussion and head injury to play after concussion or head injury. The law require interscholastic or intramural sport, a high school stude given an information sheet, and both must sign as information to the student athlete's coach. The law suspected of sustaining a concussion or head injury i the time of injury and may not return to play until the from a licensed health care provider trained in the exinjuries.	nd educate student athletes and their parents of student athletes, including the risks of continuing to es that each year, before beginning practice for an dent athlete and the student athlete's parents must not return a form acknowledging receipt of the further states that a high school athlete who is n a practice or game, shall be removed from play at e student athlete has received a written clearance
Parent - please read the attached "Heads Up – Concu Parents" and ensure that your child has also received Sports – A Fact Sheet for Athletes". After reading the your child also signs the form. Once signed, have you	and read "Heads Up – Concussion in High School ese fact sheets, please sign below and ensure that
I am a student athlete participating in the above mer Athlete Information Fact Sheet. I understand the na student athletes, including the risks of continuing to	ture and risk of concussion and head injury to
(Signature of Student Athlete)	(Date)
I, as the parent or legal guardian of the above named Information Fact Sheet. I understand the nature and athletes, including the risks of continuing to play after	d risk of concussion and head injury to student
(Signature of Parent or Guardian)	(Date)