Concussion Awareness
Parent/Student-Athlete Acknowledgement Statement

I __________________________, the parent/guardian of ________________________,

Parent/Guardian                      Name of Student-Athlete

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by
  my athlete
- How to help my athlete prevent a concussion
- What to do if I think my athlete has a concussion, specifically, to seek medical
  attention right away, keep my athlete out of play, tell the coach about a recent
  concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian __________________________ Parent/Guardian __________________________ Date ______

PRINT NAME SIGNATURE

Student Athlete __________________________ Student Athlete __________________________ Date ______

PRINT NAME SIGNATURE

It’s better to miss one game than the whole season.
For more information visit: www.edc.gov/Concussion.