



CONCUSSION INFORMATION SHEET

PLEASE SIGN AND RETURN THIS PAGE

I hereby acknowledge that I have reviewed the Concussion Information Sheet and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms, the “Return to Learn” and “Return to Play” protocols, that I will consult with a physician.

Student-Athlete Name Printed _____

Student Athlete Signature _____

Date _____

Parent or Legal Guardian Printed _____

Parent or Legal Guardian Signature _____

Date _____