



CONCUSSION AWARENESS
EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Lake Michigan Catholic Elementary School.

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

PLEASE RETURN THIS SIGNED FOR BY FRIDAY, SEPTEMBER 6, 2019