

Saint Thomas the Apostle School

School Year

Date: _____

Student Name: _____

Grade: _____

**Parent/Guardian/Student Acknowledgement of Receipt/Review of
Sports-Related Concussion and Head Injury Fact Sheet**
(Located in Registration Handbook)

I acknowledge that I have received and discussed the contents of the *Sports-Related Concussion and Head Injury Fact Sheet* with my child. I understand that in the event our child sustains a head injury or possible concussion while participating in school sports/cheerleading practice or competition, the coach will follow procedure based on the Saint Thomas the Apostle School Sports Association head injury policy.

Parent/Guardian Signature: _____

*Student Signature: _____

***Student signature required for participation in school sports/cheerleading.**