



## CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

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 Students provided by Shrine Catholic Grade School.

Parent(s)/Guardian Signature(s):

---

---

Student(s) Signature(s):

---

---

---

**Date:** \_\_\_\_\_

(Please **print** name on Signature line if student is in **Preschool, Junior Kindergarten, Kindergarten or Grade 1**)

Return this signed form to Shrine Catholic Grade School. Shrine Catholic Grade School must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.

