



**CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport Participating In: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent - please read the attached "Heads up Concussion: A Fact Sheet for Parents" and ensure that your child has also received and read "Heads up Concussion: A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your child also signs the form.*

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I am a student athlete participating in the above mentioned sport. I have received and read "Heads up Concussion: A Fact Sheet for Athletes". I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

I, as the parent or legal guardian of the above named student, have received and read "Heads up Concussion: A Fact Sheet for Parents". I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)