CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print):	
Sport Participating In:	Date:
required to distribute information sheets to inform the nature and risk of concussion and head injury play after concussion or head injury. The law requinterscholastic or intramural sport, a high school side given an information sheet, and both must signiformation to the student athlete's coach. The life suspected of sustaining a concussion or head injurt the time of injury and may not return to play untile	is and Head Injuries" (IC 20-34-7), schools are now in and educate student athletes and their parents of to student athletes, including the risks of continuing to sires that each year, before beginning practice for an tudent athlete and the student athlete's parents must and return a form acknowledging receipt of the aw further states that a high school athlete who is by in a practice or game, shall be removed from play at the student athlete has received a written clearance are evaluation and management of concussions and head
Sports - A Fact Sheet for Athletes". After reading	ncussion in High School Sports – A Fact Sheet for ved and read "Heads Up – Concussion in High School these fact sheets, please sign below and ensure that your student athlete return this form to his/her coach.
I am a student athlete participating in the above r Athlete Information Fact Sheet. I understand the student athletes, including the risks of continuing	mentioned sport. I have received and read the Student nature and risk of concussion and head injury to to play after concussion or head injury.
(Signature of Student Athlete)	(Date)
I, as the parent or legal guardian of the above natinformation Fact Sheet. I understand the nature athletes, including the risks of continuing to play	and risk of concussion and head injury to student
(Signature of Parent or Guardian)	(Date)