

# PLEASE SIGN AND RETURN TO NURSE

## Concussion: The Invisible Injury Student and Parent Acknowledgement of Receipt Form

Please sign and return this form only. In doing so you are acknowledging the following:

- 1) I have received, read, and understand the Concussion Student and Parent information document enclosed.
- 2) I understand the signs and symptoms of a concussion.
- 3) Should there be a suspicion that my son/daughter has withstood a head injury at an athletic event or practice, I give permission for a Certified Athletic Trainer (if present) to conduct a sideline assessment to make a determination whether further medical care is necessary.
- 4) Federal law, which took effect on July 1, 2012, requires that this form be signed and returned before an athlete is permitted to participate in any athletic tryout, practice or competition.

In order for your child to be cleared for participation, all information below must be filled in and this form must be submitted to the nurse assigned to your child's school.

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

School (Circle one)                      SSMS                      SSHS

Grade (Circle one)                      7<sup>th</sup>    8<sup>th</sup>                      9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

I have read and understand the policy:

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Contact Telephone #