

Concussion and Head Injury Acknowledgement

(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by _____ related to potential
(NAME OF SCHOOL)
concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

(NAME OF SCHOOL) athletics and I, _____
(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by

(NAME OF SCHOOL) related to concussions and head injuries occurring
during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.