

**ACKNOWLEDGMENT OF  
CONCUSSION AND TRAUMATIC HEAD INJURY POLICY REVIEW**  
Required under Utah Code §26-53-201

**Secondary Students**

I, \_\_\_\_\_ have read, understand and agree to abide by the Davis School District policy about concussions and traumatic head injuries for the purposes of “sporting events”<sup>1</sup> sponsored by the District for the 2014-15 school year. I acknowledge my responsibility to report to my coaches and parent(s) any signs or symptoms of a concussion or traumatic head injury.

\_\_\_\_\_  
*Signature of Student*

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

I, the parent/guardian of the student named above, have read, understand and agree to abide by the Davis School District policy about concussions and traumatic head injuries for the purposes of “sporting events”<sup>1</sup> sponsored by the District for the 2014-15 school year.

\_\_\_\_\_  
*Signature of Parent/Guardian*

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

<sup>1</sup>“Sporting event” means any of the following athletic activities that is organized, operated, managed, or sponsored by the District: (i) a game; (ii) a performance; (iii) a practice; (iv) a sports camp; (v) a physical education class; (vi) a competition; or (vii) a tryout.