

Davis School District Junior High Concussion Management Plan

Participant and Parental Disclosure and Consent Document

_____, of _____
Student/Athlete Name *School*

Hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature and printed name of student/athlete *Date*

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms and risks of sport related concussion.

Signature and printed name of parent/guardian *Date*