



**Troy School District  
Concussion Awareness  
Educational Material Acknowledgement Form**

New Michigan Department of Community Health regulations require that we share information with parents and students regarding concussions. Concussion injuries can occur during sports and other activities and should always be taken seriously. After reading the *Educational Material for Parents and Students*, please fill out, sign and return this form to your Home School Building. The information will be kept in your child's CA-60 for the duration of their participation in the Troy School District or age 18. Please retain the concussion information materials for future reference.

*I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by the Troy School District.*

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
*(If ID # not available, please leave blank)*

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

If the student is unable to sign the form, as the parent/guardian of the minor child, I acknowledge that I have reviewed and discussed the Concussion Awareness information with my child.

\* \* \* Please return this form to the Main Office Staff of your child's school\* \* \*

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For Office Use Only:

Information has been recorded in eSchoolPlus