



**WYANDOTTE PUBLIC SCHOOLS**  
**CONCUSSION AWARENESS**  
**EDUCATIONAL MATERIAL ACKNOWLEDGEMENT**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received the "Concussion Fact Sheet for Parents" provided by Wyandotte Public Schools.

\_\_\_\_\_  
Student Name Printed

\_\_\_\_\_  
Parent/Guardian Name Printed

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Students and parents/guardians: Please review and keep the "Concussion Fact Sheet for Parents" for future reference.

Return this signed form to your child's school. This form will be kept on file for the duration of participation or age 18 and should only need to be completed once for each student.