

**Parent & Student/Athlete Acknowledgement Form**

**I have received and read the District 15 Concussion Information Sheet.**

**This card must be returned with your child’s interscholastic/intramural medical authorization card. For reference, please keep the concussion information sheet.**

\_\_\_\_\_  
(Student/Athlete Name Printed)                      (Student/Athlete Signature)                      (Date)

\_\_\_\_\_  
(Parent or Legal Guardian Name Printed)                      (Parent/Legal Guardian Signature)                      (Date)

*Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 7/1/2011*

January 2017

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