

SENECA VALLEY



Concussion Baseline Report Release Form

PARENTAL PERMISSION TO RELEASE CONCUSSION BASELINE TESTING DATA

I,[Parent Name]		, give permission to the Seneca Valley School District to	
[Paren	t Name]		
release all concussion baseline testing data regarding my child $_$			
		[Student	: Name]
to the following pers	son or health care facility:		
Name:			
riamo.			
Address:			
Address.			
			
Phone:			
Fax:			
Signature:			Date: