SENECA VALLEY

Concussion Baseline Report Release Form

PARENTAL PERMISSION TO RELEASE CONCUSSION BASELINE TESTING DATA

I, _____ , give permission to the Seneca Valley School District to

[*Parent Name*]

release all concussion baseline testing data regarding my child _____

[*Student Name*]

to the following person or health care facility:

Name: _____

Address: _____

Phone: _____

Fax: _____

Signature:	**Date:**