Concussion Acknowledgement and Signature Form
For Parents and Student Athletes

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

Due to the new law "Student Athletes: Concussion and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach. The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parent-please read the attached "Heads Up-Concussion in High School Sports-A Fact Sheet for Parents" and ensure that your child has also received and read "Heads Up-Concussion in High School Sports-A Fact Sheet for Athletes". After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach.

I am a student athlete participating in the above-mentioned sport. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

_____ _____
(Signature of Student Athlete) (Date)

I, as the parent or legal guardian of the above-named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

_____ _____
(Signature of Parent or Guardian) (Date)