

**Opioid, Concussion, and Sudden Cardiac Arrest Fact Sheets
Acknowledgement**

Please Check:

- ☐ I have read the fact sheet on **Sudden Cardiac Arrest** prevention with my student athlete and have talked about what to do if he or she experiences any warning signs.

- ☐ I have read the fact sheet on **Opioid Use** with my student athlete and have discussed dependence on and abuse of Opioid prescriptions.

- ☐ I have read the fact sheet on **Concussion** with my student athlete and have discussed symptoms and the importance of reporting injury or symptoms experienced by self or others.

Student Athlete Name:

Name of Parent/Guardian:
(Please Print)

Parent/Guardian Signature:

Date:
