

**CONCUSSION AWARENESS**

**EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 or 2012 that I have received and reviewed the Concussion Fact sheet for Parents and/or the Concussion Fact Sheet for Students provided by **Sodus Township School District #5**.

\_\_\_\_\_

Participant Name Printed

\_\_\_\_\_

Parent or Guardian Name Printed

\_\_\_\_\_

Participant Name Signature

\_\_\_\_\_

Parent or Guardian Name Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date

**Return this signed form to YOUR CHILD'S SCHOOL**

This form will be kept on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

**GRADUATION YEAR:** \_\_\_\_\_



