

CONCUSSION AWARENESS 2020-2021

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: _____