



**LONE GROVE SCHOOLS  
Athletic Department  
16841 US HWY 70  
Lone Grove, Ok 73443**

**Concussion and Head Injury Acknowledgement**

**In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided by the Lone Grove School District related to potential concussions and head injuries occurring during participation in athletics.**

**I, \_\_\_\_\_, as a student-athlete who participates in Lone Grove Schools athletics and**  
Please print student athlete's name

**I, \_\_\_\_\_, as the parent/legal guardian, have read the informational material provided to**  
Please print parent/legal guardian's name  
**us by Lone Grove Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.**

\_\_\_\_\_  
**Signature of student-athlete Date**

\_\_\_\_\_  
**Signature of parent/legal guardian Date**

**This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.**