

Concussion and Head Injury Acknowledgement

(NAME OF SCHOOL)

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 to you by _____ related to potential concussions and head injuries occurring during participation in athletics.

(NAME OF SCHOOL)

I, _____, as a student-athlete who participates in

(PLEASE PRINT STUDENT ATHLETE'S NAME)

_____ athletics and I, _____

(NAME OF SCHOOL)

(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by _____ related to concussions and head injuries occurring

(NAME OF SCHOOL)

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.