

Oak Creek Rec. Dept.

Statement Acknowledging Receipt of Education and Responsibility to report sign or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____
Athlete's Parent/Guardian Name

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

I acknowledge I have discussed the signs, symptoms, and risks of sport related concussion with my child. I acknowledge that I have educated my child on their responsibility to report to their coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of parent/guardian *Date*

Printed name of parent/guardian *Date*

Printed name of athlete