

Concussion and Head Injury Acknowledgement Sheet

In compliance with Oklahoma Statue 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 the school district related to potential concussions and head injuries occurring during participation in athletics.

I, _____ (please print student's name) as a student-athlete who participates in athletics and I, _____ (please print parent/guardians name) as the parent/legal guardian have read the information material provided to us by the school district related to concussions and head injuries occurring during participation in athletics programs and understand the content and warnings.

Please indicate if you have been diagnosed with a concussion or head injury, or withheld from any type of athletic participation over the last three years due to a head injury.

_____ No, I have not had a concussion over the past three years

_____ Yes, I have had one or more concussions in the past three years

If yes, please indicate date, or dates, of each concussion from the last 3 years:

Were you cleared by a doctor to resume participation?

An athlete who has been removed from participation may not participate until they have been evaluated by a licensed health care provider (M.D. or D.O.) trained in the evaluation and management of concussion and receives written clearance to return to participation from that health care provider.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date