

Parental concussion policy

I \_\_\_\_\_ parent or legal guardian of \_\_\_\_\_ do hereby acknowledge that if my son/daughter is assessed with a concussion during practice or play, a physician's note will be required before they are allowed to return to practice or play.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Athletes concussion policy

I \_\_\_\_\_ do hereby acknowledge that if I am assessed with a concussion during practice or play, I will require a physician's note before I am allowed to return to practice or play.

Signature \_\_\_\_\_

Date \_\_\_\_\_