

Olympia School District
CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided to you by the Olympia School District related to potential concussions and head injuries occurring during participation in athletic programs.

I, _____ as a student at _____
(Please Print) (Please Print)

and I _____ as the parent/legal
(Please Print)

guardian of _____ have read the
(Please Print)

informational material provided to us by the Olympia School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Given a copy of: Heads Up: Concussions in Youth Sports
 A Fact Sheet for Parents & Guardians

 Heads Up: Concussions in Youth Sports
 A Fact Sheet for Athletes

Reference: HB 1824 (RCW 28A.600 & RCW 4.24.660)
 OSD Policy 3212