

**School District of Menomonee Falls Sports Concussion Management Plan**  
**Student-Athlete/Parent Signature Sheet**

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

I, \_\_\_\_\_, of North Middle School/Menomonee Falls High School  
*Student/Athlete Name*

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion as provided in the CDC handout. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
*Signature and printed name of student/athlete*

\_\_\_\_\_  
*Date*

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 as provided in the CDC handout.

\_\_\_\_\_  
*Signature and printed name of parent/guardian*

\_\_\_\_\_  
*Date*