

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