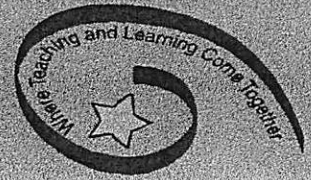


# South Lyon Community Schools

345 South Warren, South Lyon, MI 48178



## CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by South Lyon Community Schools.

\_\_\_\_\_  
Athlete Name (printed)

\_\_\_\_\_  
Parent/ Guardian Name (printed)

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*Return this signed form to **YOUR COACH!** As the sponsoring organization, this information must keep on file for the duration of participation or age 18.

\*\*Coaches if you received this information at the same time as the physical please staple the 2 forms together, if not turn into the athletic office.\*\*

