

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge, in accordance with Public Act 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 Leland Public Schools.

Participant Name Printed

Parent / Guardian Name Printed

Participant Signature

Parent / Guardian Signature

Date

Date

* Participants and parents please review and keep the educational materials available for future reference. Please sign and return this form to the Leland Public School Athletic Office as it will be kept on file for the duration of their participation on Leland Public School Athletic Teams.