

Concussion/SCD Parent Information Forms

Concussion Information

Please select one of the following and sign.

_____ I have received, read, and understand the information presented regarding concussions in youth sports.

_____ I have received and read the information presented regarding concussions and would like more information about this topic. Please contact me at

_____ (email address) or _____ (phone)

Student Name (Printed)

Student Signature

Date

Parent Name (Printed)

Parent Signature

Date

Sudden Cardiac Death Information

Please select one of the following and sign.

_____ I have received, read, and understand the information presented regarding sudden cardiac death in young athletes.

_____ I have received and read the information presented regarding sudden cardiac death in young athletes and would like more information about this topic. Please contact me at

_____ (email address) or _____ (phone)

Student Name (Printed)

Student Signature

Date

Parent Name (Printed)

Parent Signature

Date