



CONCUSSION EDUCATION / PARENT MEETING HANDOUT

ATHLETE AND PARENT/GUARDIAN INFORMATION

SCHOOL: _____ DATE: _____

SPORT: _____ COACH'S NAME: _____

CONCUSSION EDUCATION – FACT SHEET FOR ATHLETES AND PARENTS/GUARDIANS

ATHLETE'S NAME: _____

ATHLETE'S SIGNATURE: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

PARENT MEETING INFORMATION – HANDOUT FOR PARENTS/GUARDIANS

PARENT/GUARDIAN'S SIGNATURE: _____

THE SIGNATURES ABOVE CONFIRM RECEIPT, REVIEW AND UNDERSTANDING OF CONCUSSION
EDUCATION INFORMATION AND PARENT MEETING INFORMATION

****REQUIRED FOR ATHLETIC PARTICIPATION****

*PLEASE RETURN THIS SIGN OFF SHEET TO THE ATHLETIC TRAINER