



PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, _____, by signing below, hereby acknowledge that the **Vision Charter School** has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

Student Name (Please Print)

Student Signature

Date (mm/dd/yyyy)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date (mm/dd/yyyy)