

## CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 o 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students	
School/Parish	
Student Name Printed	Parent or Guardian Name Printed
Student Signature	Parent or Guardian Signature
Date	Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation or until the youth athlete is 18 years of age.

Students and parents should review and keep the educational materials available for future reference.