Concussion Awareness and Sudden Cardiac Arrest Awareness
Parent/Student Athlete Acknowledgement Statement

Parent/Guardian

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

_____________________________      ________________________________ Date ________
PRINT NAME      PARENT/GUARDIAN SIGNATURE

For official use only:
Name of Athlete_____________________
Sport/season_______________________
Date Received_____________________  

Student Athlete

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

_____________________________      ________________________________ Date ________
PRINT NAME      STUDENT ATHLETE SIGNATURE