

# Concussion Consent Form

## Parent/Guardian Acknowledgment Form

I, \_\_\_\_\_, by signing below, hereby acknowledge that North Star Charter School has provided me with the necessary and appropriate education information on concussion as mandated under subsection (3) of section 33-1625, Idaho Code. The education included appropriate guidelines and information 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 have had adequate time to review the materials and to have all of my questions addressed by school personnel or other appropriate medical personnel. I acknowledge that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue play after sustaining a concussion.

_____ Student Name (Please Print)	_____ Student Signature	_____ Date (mm/dd/yyyy)
_____ Parent/Guardian Name (Print)	_____ Parent/Guardian Signature	_____ Date (mm/dd/yyyy)