

ACKNOWLEDGMENT OF RECEIPT OF  
CONCUSSION FACT SHEETS FOR  
ATHLETES AND PARENTS

I acknowledge that I have received the Parent's Fact Sheet entitled Heads Up Concussion in High School Sports and the Athlete's Fact Sheet entitled Heads Up Concussion in High School Sports. I agree to share this information with my athlete(s) and all parents/guardians of my athlete(s).

Dated \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Print Player Name