HOOD CANAL SCHOOL DISTRICT NO. 404

111 North Highway 106 • Shelton, WA 98584
(360) 877-9700 • FAX (360) 877-5144

On a mission to improve learning and achievement for all

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

The purpose of this acknowledgement form is to confirm that you have read and understand the information provided to you by the Hood Canal School District related to potential concussions and head injuries occurring during participation in athletic programs.

I, _____ as a student at Hood Canal School, and I
(please print)
_____ as the parent/legal guardian of
(please print)
_____ have read the informational material
(please print)
provided to us by the Hood Canal School District related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

_____ _____
Signature of Student *Date*

_____ _____
Signature of Parent/Guardian *Date*

Given a Copy of: Heads Up: Concussions in Youth Sports
A fact sheet for Parents and Guardians

Heads Up: Concussion in Youth Sports
A fact sheet for Athletes