



Concussion Awareness

Educational Material Acknowledgement

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by Peace Lutheran Church and School, Shelby Township, Michigan.

Student Name Printed

Parent or Guardian Name Printed

Student Signature

Parent or Guardian Signature

Date

Date

Student's Date of Birth

Date when student will turn 25 years old

Report any previous incident(s) of concussion that you are aware of (use the back if necessary).

Return this form to Peace Lutheran Church and School. Peace must keep this on file for the duration of your child's enrollment and until age 25. No child will be allowed to participate in Physical Education class or a sports team until this form is filled out and returned to the office.

Students and parents should review and keep the educational materials available for future reference. You will also find resources at <http://www.cdc.gov/concussion/sports/>.