



## Acknowledgment of Concussion Action Plan

### Statement to be signed by the Student

I have received and read concussion information provided to me by Christ the King School. I understand the information provided by the CKS Athletic Department and agree to the following:

1. To report any concussion or concussion like symptoms that occurs during practice or games.
2. Report any concussion or concussion like symptoms that occurs as a result of injury outside of school sports.
3. I have read and understand the school policy regarding concussion management and return to sports.
4. I understand that medical clearance after a concussive injury clears the athlete to start the return to play protocol not to immediately return to full participation.

Student Name (please print) \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Year of Graduation \_\_\_\_\_

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### Statement to be signed by Parent or Guardian

I have received and read concussion information provided to me by my school. I understand the information provided by CKS Athletic department and agree to the following:

1. To report any concussion or concussion like symptoms that occurs in my son or daughter.
2. Report any concussion or concussion like symptoms that occur as result of injury outside of school sports.
3. I have read and understand the school policy regarding concussion management and return to sports
4. I understand that medical clearance after a concussive injury clears the athlete to start the return to play protocol - not to immediately return to full participation in contact sports.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_