

# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

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 Understanding Concussion information provided by **Caledonia High School Athletic Department**.

\_\_\_\_\_  
Athlete Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to **Caledonia High School Athletic Office** to keep on file for the duration of participation or age 18.

Athletes and parents: please review and keep the educational material available for future reference.