



**Acknowledgement of Having Received the “Ohio Department of Health’s Concussion and Head Injury Information Sheet”**

By signing this form, as the parent/guardian/caregiver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators, and my student-athlete’s doctor.

I also understand that coaches, referees, and other officials have a responsibility to protect the health of the student-athletes and must prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

\_\_\_\_\_  
Athlete’s Full Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Parent’s Full Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature