



KRISTOFFER BROGNA
PRINCIPAL

EATONTOWN BOARD OF EDUCATION

MEMORIAL MIDDLE SCHOOL
7 GRANT AVENUE
EATONTOWN, NJ 07724
TEL. (732) 542-5013
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Sudden Cardiac Death Pamphlet Student-Athlete and Parent/Guardian Sign-Off

Name of School: _____

Name of School District: Eatontown Public Schools

We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes Fact Sheet.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____



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Sports-Related Concussion & Head Injury Fact Sheet Student-Athlete and Parent/Guardian Sign-Off

Name of School: _____

Name of School District: Eatontown Public Schools

We acknowledge that we received and reviewed the Sports-Related Concussion & Head Injury Fact Sheet.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____



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Use and Misuse of Opioid Drugs Fact Sheet Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgment of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

Name of School: _____

Name of School District: Eatontown Public Schools

We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____