

Concussion & Performance Enhancing Substances Policies Agreement Form
Insurance Waiver Consent Form

Name of Student: _____

Grade: *(check one)*

OGS: 5 6

Name of Parent: _____

OJHS: 7 8

OHS: 9 10 11 12

CONCUSSION/PERFORMANCE ENHANCING SUBSTANCE POLICIES AGREEMENT

I have read and understand both the Performance-Enhancing Substance Testing Policy and the Concussion Policy and agree to adhere to the provisions listed and explained in both policies.

Student Signature

Date

I have read and understand both the Performance-Enhancing Substance Testing Policy and the Concussion Policy and agree to adhere to the provisions listed and explained in both policies.

Parent/Guardian Signature

Date