

Concussion and Head Injury Acknowledgement for Inola Schools

\*In compliance with Oklahoma Statute Section 24-155 of title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by Inola Public Schools related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_, as a student-athlete who participates  
(PRINT STUDENT-ATHLETE'S NAME)

in athletics at Inola and I, \_\_\_\_\_, as the parent/  
(PRINT PARENT/LEGAL GUARDIANS NAME)

legal guardian, have read the information provided to us by Inola Schools related to concussions and head injuries occurring during participation in any athletic program and understand the content and warnings. We also are aware that it is the responsibility of the parent/legal guardian to obtain the proper release from a licensed health care provider, before the athlete can return to practice and/or competition.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE