

**PARENT / GUARDIAN SIGNATURE PAGE
FOR WARNING MEETING ON STUDENT HANDBOOK / CONCUSSIONS**

PLEASE PRINT

NAME OF PARENT / GUARDIAN: _____

NAME OF STUDENT ATHLETE(S): _____

DATE YOU VIEWED THE VIDEO: _____

SIGNATURE OF PARENT / GUARDIAN INDICATING VIEWING OF THE VIDEO FROM THE WEBSITE

PLEASE RETURN THIS FORM TO THE HIGH SCHOOL OFFICE OR ACTIVITIES DIRECTOR