

**PARENT/GUARDIAN & ATHLETE**  
**CONCUSSION INFORMATION ACKNOWLEDGEMENT**

I, the student and we the parents, by signing below, hereby acknowledge that IHSRA has provided us with appropriate education on concussion as described under subsection 33-1625, Idaho Code. The education included appropriate guidelines that identifies the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards for the Centers for Disease Control and Prevention.

We acknowledge that in addition to receiving the education designated in the above paragraph, that we understand the nature of concussion, the signs and symptoms of concussion, and the risk of allowing a student athlete to continue to compete after sustaining a concussion.

Student name (please print)	<b>Student Signature</b>	Date
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Parent/Guardian Name (please print)	<b>Parent/Guardian Signature</b>	Date
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Parent/Guardian Name (please print)	<b>Parent/Guardian Signature</b>	Date
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