

# Parent/Guardian Acknowledgment Form

I, \_\_\_\_\_, by signing below, hereby acknowledge that FC Nova has provided me with the necessary and appropriate education on concussion as mandated under subsection (3) of section 33-1625, Idaho Code. The education included appropriate guidelines and information that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph, that I have had adequate time to review the materials and to have all of my questions addressed by the athletic trainer or other appropriate FC Nova personnel. I acknowledge that I watched the St. Luke's Concussion Education and Training Video, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue play after sustaining a concussion.

_____ Student Name (Please Print)	_____ Student Signature	_____ Date (mm/dd/yyyy)
_____ Parent/Guardian Name (Please Print)	_____ Parent/Guardian Signature	_____ Date (mm/dd/yyyy)