



UHSAA HIGH SCHOOL ATHLETICS
Student and Parent Consent and Acknowledgement of
Management of Concussions and Head Injuries Policy
(Required by UHSAA and Utah Code Ann., §26B-4-403)

I, _____, student/athlete of _____ High School, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussions. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of Student/Athlete

Date

I, _____, parent/legal guardian of _____, hereby acknowledge that I have read, understand, and agree to abide by Nebo School District's Policy #JHG, Management of Concussions and Head Injuries, and give my consent to allow my student to participate in a "sporting event," which includes any game, practice, tryout, physical education class, sports camp, competition, and activity sponsored by Nebo School District or in connection with the Utah High School Activities Association (UHSAA) for the 20__ - 20__ school year. I further acknowledge having received education about the signs, symptoms, and risks of sport-related concussions.

Signature of Parent/Legal Guardian

Date