AIKEN COUNTY PUBLIC SCH

ACKNOWLEDGEMENT OF CONCUSSION PROCEDURES & CONCUSSION INFORMATION SHEET

Dear Parent or Guardian:

By signing below, you affirm that you have read a
Sheet, and the Procedures & Guidelines for Athletes Incurring Brain Injury (
otherwise) given to you by the coach, trainer, or other athletic department representa
student's school, all as required by S.C. law. You
athletic participation, in any sport, places your son/daughter at s
concussion. Concussion and traumatic brain in
circumstances.

You are acknowledging your understanding that whether these Procedures and Guidelines of this School Dist
suspected concussion symptoms will be removed fro
evaluation
by a medical professional of your choice who has been trained in concussion evaluation. In such cases the athlete will not be able to return to play until he/she has written clearance from a physician so qu
but not limited to, a re
procedures for ath

You also acknowledge being infor
is not alwa
to partic
or cognitive symp

Please keep the attached Concussion Information Sheet as a reference. Please sign and submit the origi
keep the copy for your

Any athletic trai
volunteering, who eva
professional judgment and
concussion or brain injury and
law.

Student – Athlete Name PRINTED Student Athlete SIGNATURE Date

Parent or Legal Guardian
Date

This form is int
District Legal Department in consu