

LINCOLN PARK PERFORMING ARTS CHARTER SCHOOL
CONCUSSION AWARENESS
PARENT/STUDENT-ATHLETE ACKNOWLEDGEMENT STATEMENT
2016-17 School year

I _____, the parent/guardian of _____

acknowledge that I have received information on all of the following:

- The definition of a concussion
- The signs and symptoms of a concussion to observe for or that may be reported by student/athlete
- How to help my student/athlete prevent a concussion
- What to do if I think my child has a concussion, specifically to seek medical attention right away, keep my child out of play/activity, tell coach/instructor about a recent concussion, and report any concussion and/or symptoms to the school nurse.

Parent/Guardian (print name) _____

(Signature) _____ Date _____

Student (print name) _____ GRADE _____

(Signature) _____ Date _____

Major (circle)	DANCE	THEATER	MUSICAL THEATER	
Sport (circle)	GOLF	BASKETBALL	VOLLEYBALL	CHEER

For more information visit: www.cdc.gov/concussion