



## CIF Concussion Information Sheet Acknowledgement of Receipt

I acknowledge receipt of the CIF Concussion Information Sheet

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understood the contents of the CIF Concussion Information Sheet

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Jaime Green - Superintendent

Cindy Blanchard - Director of Business Services