



# West Ada

SCHOOL DISTRICT

## CONCUSSION INFORMATION ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, by signing below, hereby acknowledge that the West Ada School District has provided me with the necessary and appropriate information on concussions as mandated under subsection 33-1625, Idaho Code. The information included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury with standards of the Centers for Disease Control and Prevention.

I acknowledge that in addition to receiving the information in the above paragraph, that I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

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