

<sup>A</sup>*chievement*, Respect, and Caring

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Parents/Guardians **must read and review** the attached Student/Athlete and Parent Concussion Information with their son/daughter prior to their participation in any Lyncourt Union Free School District Interscholastic Athletic Program.

I have reviewed this information on concussions and am aware that a release from the student's treating physician and the school district physician is required before a student may return to play under the Lyncourt Union Free School District Concussion Management Policy.

Student Athlete Name (printed)	Student Athlete Signature	Date	
Parent/Guardian Name (printed)	Parent/Guardian Signature	Date	

For current and up to date information on concussions you can go to: <a href="http://www.cdc.gov/concussioninYouthSports">http://www.cdc.gov/concussioninYouthSports</a>

This form will be kept on file with the school nurse. Parents/Guardians and student athletes will receive a copy of the form for their records and reference.