

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion and/or SCA (sudden cardiac arrest) to be included as part of the “Participant and Parental Disclosure and Consent Document”.

Central School District Sports Management Plan

After reviewing *A Fact Sheet for Youth Sports Parents*, a Heads Up Concussion flyer, and the Eric Paredes Save a Life Foundation flyer about Sudden Cardiac Arrest (SCA),

I, _____ (Student’s Name), a student of Central School District, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and sudden cardiac arrest. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion and/or sudden cardiac arrest.

Signature and printed name of student/athlete

Date

I, the parent/guardian of the student-athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and sudden cardiac arrest, and I accept my responsibility to immediately report any signs or symptoms of a concussion and/or sudden cardiac arrest to my child’s coach.

Signature and printed name of parent/guardian

Date