

MUST BE RETURNED TO THE SCHOOL HEALTH OFFICE

***MECHANICVILLE CITY SCHOOL
DISTRICT***

CONCUSSION PROTOCOL

I, the undersigned, have received the attached concussion protocol sheet and clearly understand the inherent risks involved in participating in athletic competition and the procedures in place by the district to protect the student/athlete. I will accept the district's designated medical director evaluation determining when or if the student/athlete may resume athletic contests. I give permission for my son/daughter to participate.

SIGNED: _____
(PARENT/LEGAL GUARDIAN SIGNATURE)

DATE: ___/___/___

STUDENT: _____
(PLEASE PRINT)

GRADE: _____

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