

Concussion and Head Injury Acknowledgement Independence Charter Middle School (ICMS)

Student-Athlete Name _____ Grade _____

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the **CONCUSSION FACT SHEET** provided to you by Independence Charter Middle School related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Independence Charter Middle School athletics and I, _____, as the parent/legal guardian, have read the informational material provided to us by Independence Charter Middle School related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

Student-Athlete Signature

Date

Parent/Legal Guardian Signature

Date