



**Collinsville Public Schools
1119 West Broadway
Collinsville, OK 74021
918-798-3113
Fax: 918-371-1915**

Concussion and Head Injury Acknowledgement

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 **Collinsville related to potential concussions and head injuries occurring during participation in athletics.**

I, _____, as a student-athlete who
(PLEASE PRINT STUDENT ATHLETE'S NAME)

participates in Collinsville athletics and I, _____
(PLEASE PRINT PARENT/GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by **Collinsville related to concussions and head injuries occurring during participation in athletic programs and understand the content and warning.**

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and kept on file for one year beyond the date of signature in the Athletic Director's office.