

Physical Education Concussion Safety Awareness Form

Student Information

Student Name

Grade

School

Parent/Guardian Information

Parent/Guardian Name

Contact Information

Concussion Safety Awareness

- ☐ I have reviewed information on the signs, symptoms, and risks of concussions.
- ☐ I understand the importance of reporting symptoms to a teacher, parent, or coach.
- ☐ I agree to follow concussion safety protocols at all times.

Signatures

Student Signature

Date

Parent/Guardian Signature

Date

Comments or Questions

--