

Athletics Sign-Off

Sudden Cardiac Death Pamphlet

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature _____

Print Name _____

Parent/Guardian Signature _____

Print Name _____

Date _____

Concussion/Head Injury Fact Sheet

I/We acknowledge that we received and reviewed the Concussion/Head Injury Fact Sheet.

Student Signature _____

Print Name _____

Parent/Guardian Signature _____

Print Name _____

Date _____

Sports Related Eye Injury Fact Sheet

I/We acknowledge that we received and reviewed the Sports Related Eye Injury Fact Sheet.

Student Signature _____

Print Name _____

Parent/Guardian Signature _____

Print Name _____

Date _____

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Opioid Use and Misuse Educational Fact Sheet

I/We acknowledge that we received and reviewed the Sports Related Eye Injury Fact Sheet.

Student Signature _____

Print Name _____

Parent/Guardian Signature _____

Print Name _____

Date _____