



Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that North American Martyrs School provided them with concussion and brain-injury information prior to the student athlete listed below initiating practice or competition for any athletic activity during the 2016-17 school term. The undersigned further acknowledge and attest to their understanding that the information they have been provided pertains to requirements of state law – the Nebraska *Concussion Awareness Act* – and includes information about the signs and symptoms of a concussion; the risks posed by sustaining a concussion; the actions a student athlete should take in response to sustaining a concussion, including notification of his or her coach or coaches; and the conditions prescribed by law for returning to participation in athletic activities involving physical exertion.

Signature of Student Athlete

Student Athlete's Name Printed

Date _____

Signature of Parent or Guardian

Parent's or Guardian's Name Printed

Date _____