

I, the Parent/ Guardian of \_\_\_\_\_, have read and fully understand the Newport News Concussion Policy and Return to Play Protocol. I also have reviewed and understand the short and long term effects of sports related concussions and am committed to ensuring the safety of this child.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

Revised May 2013