



Michigan District, LCMS

CONCUSSION AWARENESS EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and

Students provided by _____
School/Church

Student Name Printed

Parent or Guardian Name Printed

Student Signature

Parent or Guardian Signature

Date

Date

Student's Date of Birth

Date when student will turn 25 years old

Report any known previous incident(s) of concussion (use back of form if necessary)

Return this signed form to the School/Church. The School/Church must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.