



practicing or competing in any activity. Completed forms should be given to the head coach or High School Activities Coordinator, and will remain on file by the High School Activities Coordinator for the duration of the school year. Only one signed form is required per year.

Student's Name: (print) \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: (printed) \_\_\_\_\_

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

Date: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance Number \_\_\_\_\_

**XX: ACKNOWLEDGEMENT OF RECEIPT OF CONCUSSION INFORMATION**

**Parents & Students Concussion Form**



**I read and understand concussion symptoms and will comply with the GCPS return-to-play protocol.**

**Student's printed name:** \_\_\_\_\_

**Parent or guardian's printed name:** \_\_\_\_\_

**Parent or guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Have you ever had a concussion? Y N How many?** \_\_\_\_\_

**When did they occur?** \_\_\_\_\_

**GCPS Return To Learn Concussion Form**

**I read and understand concussion symptoms and will comply with the GCPS return-to-learn protocol.**

**Student's printed name:** \_\_\_\_\_

**Parent or guardian's printed name:** \_\_\_\_\_

**Parent or guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_