

Athlete Name _____ Sport _____ Year _____

Please open policy link:

<http://www.davis.k12.ut.us/cms/lib09/UT01001306/Centricity/Domain/37/High%20School%20Coaches%20Forms/5S-303AthleteStudentConcussionTraumaticHeadInjury.pdf> and

then sign below:

**ACKNOWLEDGMENT OF
CONCUSSION AND TRAUMATIC HEAD INJURY POLICY REVIEW
Required under Utah Code §26-53-201
Secondary Students**

I, _____ have read, understand and agree to abide by the Davis

School District policy about concussions and traumatic head injuries for the purposes of

“sporting events”¹ sponsored by the District for the _____ school year. I

acknowledge my responsibility to report to my coaches and parent(s) any signs or symptoms of a
concussion or traumatic head injury.

Signature of Student *Date*

I, the parent of the student named above, have read, understand and agree to abide by the Davis

School District policy about concussions and traumatic head injuries for the purposes of

“sporting events” sponsored by the District for the _____ school year.

Signature of Parent *Date*

¹“Sporting event” means any of the following athletic activities that is organized, operated, managed, or sponsored by the District: (i) a game; (ii) a performance; (iii) a practice; (iv) a sports camp; (v) a physical education class; (vi) a competition; or (vii) a tryout.