

Olympia School District

**CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT**

The purpose of this Acknowledgement form is to confirm that you have read and understand the information provided to you by the Olympia School District related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) occurring during participation in athletic programs.

I, _____ as a student at _____
(Please Print) (Please Print)

and I _____ as the parent/legal guardian of
(Please Print)

_____ have read the information material provided
(Please Print)

to us by the Olympia School District related to Concussion/Head Injury and Sudden Cardiac Arrest (SCA) during participation in athletic programs and understand its contents and warnings.

Signature of Student/Athlete

Date

Signature of Parent/Legal Guardian

Date

_____ We were provided a copy of the Olympia School District *"Information Sheet for Parents/Legal Guardians and Athletes: Concussion/Head Injury and Sudden Cardiac Arrest (SCA)"*.

Reference: SB 5083
HB 1824 (RCW 28A.600 & RCW 4.24.660)
OSD Policy 3422