

**ACKNOWLEDGMENT OF
CONCUSSION AND TRAUMATIC HEAD INJURY POLICY REVIEW**
Required under Utah Code §26-53-20 I

Secondary Students

I, _____ have read, understand and agree to abide by the Kane
(Printed Name of Student)
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
Kane School District *policy FDAF* about concussions and traumatic head injuries for the
purposes of "sporting events" sponsored by the District for the _____ school year.

Signature of Parent

Date

Printed Name

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.