

Form

SPORTS RELATED CONCUSSION AND HEAD INJURY

**Bordentown Regional High School
Concussion Policy Acknowledgment and Consent Form**

As the parent or guardian of _____ (student-athlete's name), I confirm that I have received a copy of Bordentown Regional High School's concussion policy. I have read and understand all policies and protocols provided to me.

By signing below, I hereby give consent for my child to take the ImPACT baseline test and any subsequent tests deemed necessary by the athletic trainer, school nurse and/or team physician.

I understand that if I do not give permission, my child will not be allowed to participate in athletics at Bordentown Regional High School.

Please return this form to the Athletic Trainer's Office

_____ Signature of Student-Athlete	_____ Print Name	_____ Date
_____ Signature of Parent/Guardian	_____ Print Name	_____ Date

Adopted: August 19, 2009
Revised: August 31, 2011
NJSBA Review/Update: June 2014
Readopted: