

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

**PARENT/LEGAL GUARDIAN CONSENT FORM  
Elementary Students  
Tooele County School District**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
*Print Parent/Guardian Name* *Print Student or Students' Names*

have read, understand, and agree to abide by the Tooele County School District policy regarding concussions and traumatic head injuries for the purposes of “sporting events”<sup>1</sup> sponsored by the District for the 2013-2014 school year.

\_\_\_\_\_  
*Signature of Parent/Guardian*

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

<sup>1</sup> “Sporting event” means any of the following 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; (vii) a tryout; (viii) recess, field days, and elementary school activities.