



## CONCI

Student: _____
Grade: _____
School: _____

Pursuant to Education Co sponsored extracurricular programs (including chee the student and parent/le Sheet. Once signed, the S programs in which the Stu

### IMPC

If a Student is suspected c immediately removed fro activity until he/she has interscholastic sports; ME who must affirmatively st scope of his/her licensed provider and has received exceptions to this medical

Depending on the circum coach, athletic trainer, or activity based on a suspec the case of an actual or activity; (2) in all other c Tool (SCAT protocol) wil safety and pi withdrawn fi parent or oth

Once a stude licensed heal concussion ( problems, se memory, cor If the studen parent or leg to have the s contained in

Dated: \_\_\_\_\_

Student \_\_\_\_\_

Signature\_\_\_\_\_

Ori