

**DURAND-ARKANSAW SCHOOL DISTRICT**  
HOME OF THE PANTHERS



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**Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.**

I, \_\_\_\_\_, a student in the Durand-Arkansaw School District  
*Printed Student/Athlete Name*  
hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

**Sport(s)** \_\_\_\_\_

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*Signature of Athlete*

*Date*

I, the parent/guardian of the above named student-athlete, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I recognize that my son/daughter cannot return to their sport until they present with written permission to return to play by a health care provider trained in evaluating and managing pediatric concussions and head injuries.



For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information, I understand its contents, and I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

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*Signature of Parent/Guardian*

*Date*