



**ST. BENEDICT SCHOOL ATHLETIC ASSOCIATION**  
**CONCUSSION & HEAD INJURY SIGN-OFF SHEET**

**PLEASE RETURN THIS PAGE ONLY WITH YOUR CHILD'S COMPLETED  
REGISTRATION PACK**

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and his/her parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach. The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

**PARENT/GUARDIAN: Please read the attached **HEADS UP: CONCUSSION FACT SHEET FOR PARENTS** and review the **HEADS UP: CONCUSSION FACT SHEET FOR ATHLETES** with your student-athlete. After reading these fact sheets, please sign below and ensure that your child also signs the form.**

I am a student athlete participating in the above-mentioned sport. I have received and read the Student Athlete Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after head concussion or head injury.

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<b>SIGNATURE OF STUDENT ATHLETE</b>	<b>PRINT STUDENT ATHLETE'S NAME</b>	<b>DATE</b>
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I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after head concussion or head injury.

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<b>SIGNATURE OF PARENT/GUARDIAN</b>	<b>PRINT PARENT/GUARDIAN'S NAME</b>	<b>DATE</b>
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**State of New Jersey**  
**DEPARTMENT OF EDUCATION**  
**Sudden Cardiac Death Pamphlet**  
**Sign-Off Sheet**

Name of School District: \_\_\_\_\_

Name of Local School: \_\_\_\_\_

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_