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

PARENT/LEGAL GUARDIAN CONSENT FORM

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”¹ sponsored by the District.

____________________________________ ________________________
Signature of Parent/Guardian           Date

____________________________________________  __________________________
Signature of Student                        Date

¹ “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.