

**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.