



Weiser School District No. 431
ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

WEISER SCHOOLS
High Achievement,
Responsible Citizenship

STUDENT NAME: _____

PARENT'S / GUARDIAN'S SIGNATURE

I, (print name) _____, acknowledge that I am the parent or guardian of the student (below), that I have received information related to student athlete concussions from the District, including information from the Idaho High School Activities Association in conjunction with The Centers for Disease Control and Prevention, and District Policy 504.10, and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Weiser School District, No. 431, it's employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

Parent / Guardian Signature

Date

STUDENT'S SIGNATURE

I, (print name) _____, acknowledge that I am a student of Weiser School District, No. 431, or otherwise am allowed to participate in school athletics leagues or sports, that I have received information related to student athlete concussions from the District, including information related to student athlete concussions from the District, including information from the Idaho High School Activities Association in conjunction with The Centers for Disease Control and Prevention, and District Policy 504.10, and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences or such dangers.

Student Signature

Date

PROOF OF MEDICAL INSURANCE

Medical insurance is required on ALL students who participate in athletics. If there is no current insurance, parents can purchase insurance through the school provided program. Please contact the Weiser Middle School for more information.

Insurance Company: _____ Phone: _____

Mailing Address: _____ City, State, Zip: _____

Group Policy #: _____ Individual #: _____

TURN OVER

