

I verify that I have received, reviewed and understand the information contained in the FCPS Concussion Education Presentation



safe sports school
NATIONAL ATHLETIC TRAINERS' ASSOCIATION

PRINT FORM

Student name (print) _____

School _____

Student ID# _____

Student Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____

Please return this page to the Activities Office along with your physical!