



Coach Name: ____

San Jose Police Activities League 680 S. 34th Street San Jose, CA 95116

408-272-9725 Fax: 408-272-9733

www.sjpdpal.com

Parent/Guardian/Athlete Concussion Awareness Information Sheet Acknowledgement

San Jose Police Activities League provides a concussion and head injury information fact sheet to athletes per the **California Health and Safety Code §124235**. The information sheet provided by SJPAL is recommended by the C.D.C as a part of the heads up concussion training program.

The athlete and/or parent will keep the fact sheet. This accompanying form must be signed and returned to the PAL office.

If the athlete is 17 years and younger the form shall be signed by the athlete's parent or guardian, before the athlete initiates practice or competition.

By signing this you acknowledge that you received our concussion awareness information sheet and will follow the recommendations of the C.D.C.

I learned about concussion and talked with my parent or coach about what to do if I

Athlete Name Printed: Date:	
Athlete Signature:	
 I have read this fact sheet for parents on concussion with my child or about what to do if they have a concussion or other serious brain inju 	
Parent or Legal Guardian Name Printed: Date	e:
Parent or Legal Guardian Signature:	
Sport: Team:	

____ Athlete Age: ____