

PACERS

Hinsdale School District Concussion and Head Injury Acknowledgement

In compliance with New Hampshire State Law RSA 200:49 to 200:52, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Hinsdale Middle High School related to potential concussions and head injuries occurring during participation in athletics. I also understand that my student athlete must receive the annual baseline testing provided by ImPACT, and if receives a concussion will be retested according to the ImPACT criteria in order to return to play.

I _____, as a student/athlete who
(PLEASE PRINT STUDENT ATHLETE'S NAME)

participates in Hinsdale Middle High School athletics and I,

_____ as the parent/legal guardian,
(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

have read the information, understand, support, and agree with the material provided to us by Hinsdale School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings, including the criteria for my child's return to play.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form will be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal. In the event that NFHLAA recommendations change, updates will apply to the above protocols.