

**SOUTHINGTON PUBLIC SCHOOLS
ATHLETIC YELLOW CARD PACKET
SIGNATURE PAGE
2015-16**

Student/Parent - Concussion Education Plan Consent Form

I have read and understand this document and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date _____ Signature _____
(Print Name)

Parent name: _____ Date _____ Signature _____
(Print Name)

Sudden Cardiac Arrest Education Plan Consent Form

I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)