

**NIAA CONCUSSION PREVENTION, MANAGEMENT AND TREATMENT POLICY
STUDENT AND PARENTAL ACKNOWLEDGMENT**

We, the undersigned, acknowledge that we have been provided with a copy of the NIAA Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy in its entirety, or it has been read to us and we understand the same. We hereby acknowledge and agree to follow all procedures set forth in the NIAA Concussion Prevention, Management and Treatment Policy at all times during which our son or daughter participates in NIAA sanctioned activities and events.

We further acknowledge that if the member school our son or daughter participates for has adopted a more stringent program for the prevention, treatment and management of concussions, including by way of example only, the Second Impact Program, that we will be required to comply with the terms and conditions of that program before our son or daughter may return to a sanctioned activity or event.

Dated: _____

Student

Dated: _____

Parent/Legal Guardian

Parent/Legal Guardian