

WRITTEN RECEIPT FOR “IMPORTANT INFORMATION
REGARDING CONCUSSIONS AND TRAUMATIC BRAIN INJURY”

Date: _____

School: _____ School Year: _____

Student Name: _____ Sport: _____

I have received a copy of the “Important Information regarding Concussions and Traumatic Brain Injuries.” I have read and understand the serious nature of concussions and traumatic brain injuries and the precautions that TUSD will be taking.

Parent: _____

Student: _____