St. Robert Catholic School - Fueling the light of Christ in every student

through faith, academics and spiritual growth.



St. Robert Catholic School

214 E. Henry St. Flushing, MI 48433 Tel: (810) 659-2503 Fax: (810) 659-4002

Website: [www.strobertschool.com](http://www.strobertschool.com) Email: srsoffice@aol.com

**CONCUSSION AWARENESS**

**EDUCATIONAL MATERIAL ACKNOWLEDGEMENT**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by St. Robert Catholic School.

Print Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent / Guardian Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this signed form to the School / Parish. The School / Parish must keep this on file for the duration of enrollment / participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.