

Olympia School District

CONCUSSION/HEAD INJURY AND SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT

The purpose of this Acknowledgement form is to confirm that you have read and understand the information provided to you by the Olympia School District related to potential Concussion/Head Injury and Sudden Cardiac Arrest (SCA) occurring during participation in athletic programs.

I, \_\_\_\_\_ as a student at \_\_\_\_\_  
(Please Print) (Please Print)

and I \_\_\_\_\_ as the parent/legal guardian of  
(Please Print)

\_\_\_\_\_ have read the information material provided  
(Please Print)

to us by the Olympia School District related to Concussion/Head Injury and Sudden Cardiac Arrest (SCA) during participation in athletic programs and understand its contents and warnings.

\_\_\_\_\_  
Signature of Student/Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ We were provided a copy of the Olympia School District "Information Sheet for Parents/Legal Guardians and Athletes: Concussion/Head Injury and Sudden Cardiac Arrest (SCA)".

Reference: SB 5083  
HB 1824 (RCW 28A.600 & RCW 4.24.660)  
OSD Policy 3422