

# Concussion and Head Injury Acknowledgement Vici Public Schools

**In compliance with the Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Vici Public Schools related to potential concussions and head injuries occurring during participation in athletics.**

**I, \_\_\_\_\_, as a student-athlete who**  
(PLEASE PRINT STUDENT ATHLETE'S NAME)

**participates in Vici Public Schools athletics and I,**  
\_\_\_\_\_  
(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)  
**as the parent/legal**

**guardian, have read the information material provided to us by Vici Public Schools related to concussion and head injuries occurring during participation in athletic programs and understand the content and warnings.**

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**SIGNATURE OF STUDENT-ATHLETE**

**DATE**

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**SIGNATURE OF PARENT/LEGAL GUARDIAN**

**DATE**

***This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office designated by the principal.***