

**Receipt, Review & Understanding of Annual Concussion Information
Covington High School Athlete & Parent/Guardian**

Athlete Name: _____

Date: _____

Sport(s): _____

Grade Level: _____

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I, parent/guardian of above student-athlete have received, reviewed, and understand information provided by Covington High School's Athletic Department on 1) the short and long-term effects of concussions and 2) Covington High School's policies and procedures for managing sports-related concussions. I, the student-athlete, agree to report any concussion symptoms and possible incidence of concussion to the Certified Athletic Trainer, coach, or other appropriate school personnel.

Athlete's Parent/Guardian (Print)

Athlete's Parent/Guardian (Signature)

Athlete's Name (Print)

Athlete's Name (Signature)

Known Allergies/Conditions: