

St. Teresa School
616 South 36th Street
Lincoln, Nebraska 68510

Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that

_____ St. Teresa School _____ provided them with

concussion and brain-injury information (e.g., the sheet so titled) prior to the student athlete (whose name is identified below) initiating practice or competition for any athletic activity during the **2018-2019** school term. The undersigned further acknowledge and attest to their understanding that the information they have been provided pertains to requirements of state law—the Nebraska *NoncuJ3'fOf? AWareness Aci*—and includes information about the signs and symptoms of a concussion; the risks posed by sustaining a concussion; the actions a student athlete should take in response to sustaining a concussion, including notification of his or her coach or coaches; and the conditions prescribed by law for returning to participation in athletic activities involving physical exertion.

Signature of Student Athlete
(If age-appropriate; otherwise, the *preiItl*
guardian is also signing on behalf of
the student athlete)

Student Athlete's Name Printed

Date_____

Signature of Parent or Guardian

Parent's or Guardian's Name Printed

Date_____