

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 2016-2017 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 *Concussion Awareness Act*—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 parent/  
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 \_\_\_\_\_