



Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that North American Martyrs School provided them with concussion and brain-injury information prior to the student athlete listed below initiating practice or competition for any athletic activity during the 2015-16 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.

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**Signature of Student Athlete**

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**Student Athlete's Name Printed**

Date \_\_\_\_\_

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**Signature of Parent or Guardian**

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**Parent's or Guardian's Name Printed**

Date \_\_\_\_\_