



LAWTON PUBLIC SCHOOLS
ATHLETIC DEPARTMENT

101 North 100th • 7521 North 5th Boulevard • Lawton, Oklahoma 73509-1009
Phone: (580) 357-5999

Concussion and Head Injury Acknowledgment

(Name of School)

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

I, _____, as a student-athlete who participates in Lawton Public
(Please Print Student Athlete's Name)

Schools athletics and I, _____ as the parent/legal guardian, have
(Please Print Parent/legal Guardian's Name)

read the information material provided to us by the Lawton Public Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

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 or the office designated by the principal.