



## Ogden Preparatory Academy

### Concussion and Head Injury Policy Acknowledgement

I acknowledge that I have read, understand, and agree to abide by, the Concussion and Head Injury Policy and Procedures.

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_