

ARLINGTON SCHOOL PARENT/ATHLETE CONSENT FOR CONTINUED PARTICIPATION

**NOTE: This is to be completed only if there has been a
CONCUSSION during the season!**

I hereby knowingly and voluntarily allow _____ to participate in _____
Name of student Sport
understanding the possibilities of further injury including: brain damage, paraplegia and quadriplegia, loss of limb
or body part and permanent damage to a body part. I will not hold the school district, its employees, or its
contractors (including athletic administrator, trainer and coaches) accountable for any further injury that may
occur.

The undersigned Parents certify to the District that they have consulted with a health professional or professionals
of their choice concerning the Athlete's injury, and are not relying upon the School District or its employees in
making the determination that the Athlete may return to participation in sports.

I have read the above statement and understand it in its entirety.

Parent

Certified Doctor or Certified Physicians Ass't

Parent

Project IMPACT Designee

Coach

Athletic Director

I have read and understand the above statement and I willfully will participate in _____
Sport

Athlete

Date

AN AUTHORIZATION FROM THE STUDENT'S TREATING PHYSICIAN PERMITTING THE
STUDENT'S RETURN TO ATHLETIC PARTICIPATION MUST ACCOMPANY THIS FORM.

Parent Information and will need to be filled out should an athlete suffer signs of a concussion.