



School District of Pickens County

Building success beyond the classroom

THE SCHOOL DISTRICT OF PICKENS COUNTY CONCUSSION PROTOCOL ACKNOWLEDGEMENT

STUDENT NAME _____ GRADE _____

PARENT'S/GUARDIAN'S NAME _____

By signing this acknowledgement, I am indicating that I have received copies of the School District of Pickens County Concussion Protocol Information.

Parent Signature _____ Date _____

This acknowledgement must be completed and returned before participation by the student-athlete.