

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION No. 550 Appendix A
STUDENTS**

**MANAGEMENT OF CONCUSSIONS AND HEAD INJURIES;
STUDENT AND PARENTAL ACKNOWLEDGEMENT**

We, the undersigned, acknowledge that we have been provided a copy of the Carson City School District Policy and Regulation regarding Management of Concussions and Head Injuries; that we have read and understand them both in their entirety, or they have been read to us, and that we understand the same. We hereby acknowledge and agree to follow all procedures set forth in the District's Concussion and Head Injury Policy and Regulation at all times during which our son or daughter participates in competitive sports.

We further acknowledge that if the school our son or daughter participates for has adopted a more stringent program for the prevention, treatment and management of concussions and head injuries, including by way of example only, the ImPact Concussion Management Program, that we will be required to comply with the terms and conditions of that program before our son or daughter may return to a sanctioned activity or event. We understand that currently, Carson High School has adopted the ImPact Concussion Management Program.

Dated: _____

Student

Dated: _____

Parent/Legal Guardian

Parent/Legal Guardian

Adopted: July 24, 2012

Revised: October 9, 2012 - Title Change