

Corinth Central School District

**ACKNOWLEDGMENT OF
NOTICE OF CONCUSSION MANAGEMENT POLICY**

I, _____, parent and
natural guardian of (Student) _____,
hereby grant permission and consent for (Student) _____
to participate in _____ for the Corinth Central School
District and acknowledge receipt of the Student and Parent Information Sheet regarding
concussions and agree to abide by the policies and procedures established by the District in
regard to concussion injuries.

Parents/Guardians:

Date: _____