

## Verification of Receipt of Concussion and Brain Injury Information

The undersigned hereby acknowledge and attest that

\_\_\_\_\_ Bishop Neumann Jr. Sr. High School \_\_\_\_\_ provided them with  
Name of the School

Concussion and brain-injury information prior to the student athlete

(whose name is identified below) initiating practice or competition for any athletic activity

during the 2022 – 2023 school term. The undersigned further acknowledge and attest to their understanding that the information they have been provided pertains to requirements of the state law—the Nebraska *Concussion Awareness Act*—and includes information about the signs and symptoms of a concussion; the risks posed by sustaining a concussion; the actions a student athlete should take in response to sustaining a concussion, including notification of his or her coach or coaches; and the conditions prescribed by law for returning to participation in athletic activities involving physical exertion.

\_\_\_\_\_  
Signature of Student Athlete  
(If age-appropriate; otherwise the parent/guardian is also to sign on behalf of the student athlete)

\_\_\_\_\_  
Student Athlete's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Date