

Athletics & Driver Education 12465 Warwick Boulevard, Newport News, VA 23606-3401 • phone: 757-591-4601 • fax: 757-591-4683

I, the Parent/ Guardian of \_\_\_\_\_\_, have read and fully understand the Newport News Concussion Policy and Return to Play Protocol. I also have reviewed and understand the short and long term effects of sports related concussions and are committed to ensuring the safety of this child.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Student Athlete Signature

Date

Revised May 2013