



# FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 FIFTH AVENUE FAIRBANKS, ALASKA 99701-4756 (907) 452-2000

www.k12northstar.org



## PARENT AND STUDENT VERIFICATION OF RECEIPT OF INFORMATION CONCERNING CONCUSSIONS

Administrative Regulation 1062.4, Appendix A

In accordance with AS 14.30.142, the school district requires that each student, and each minor student's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the district. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide. Other suitable age appropriate documentation fulfills this requirement.

Parents and students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities coordinator.

### STUDENT ACKNOWLEDGEMENT (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes" and understand its contents.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

### PARENT/GUARDIAN/ELIGIBLE STUDENT ACKNOWLEDGEMENT (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

I acknowledge that I have received a copy of "A Parent's Guide to Concussions in Sports" and understand its contents.

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

Administrative Regulation 1062.4, Appendix A  
Parent and Student Verification of Receipt of Information Concerning Concussions  
**Direction to School: Maintain signed copy on file.**