SOUTHINGTON PUBLIC SCHOOLS ATHLETIC YELLOW CARD PACKET SIGNATURE PAGE 2015-16

Student/Parent - Concussion Education Plan Consent Form

Student name:	Date	Signature
(Print Name)		
Parent name:	Date	Signature
(Print Name)		
Sudden Cardiac Arrest Educ	ation Plan Con	isent Form
Sudden Cardiac Arrest Educ	ation Plan Con	<u>isent Form</u>
have read and understand this document	the "Student & Pare	ent Informed Consent Form" and understand
have read and understand this document the severities associated with sudden card	the "Student & Pare	ent Informed Consent Form" and understand
have read and understand this document the severities associated with sudden card suspected condition.	the "Student & Pare liac arrest and the ne	ent Informed Consent Form" and understand ed for immediate treatment of any
have read and understand this document the severities associated with sudden card suspected condition. Student name:	the "Student & Pareliac arrest and the ne	ent Informed Consent Form" and understand ed for immediate treatment of any Signature
the severities associated with sudden card suspected condition. Student name:	the "Student & Pareliac arrest and the ne	ent Informed Consent Form" and understand

(Print Name)