

# Be Yourself. See Yourself.

## At Vista Meadows Academy! Open Enrollment Grades 9-12

Vista Meadows Academy is currently accepting applications for the 2023-2024 school year.

Our mission is to engage our students in a safe, innovative learning environment that will enable them to graduate and function as productive citizens of society.

Our goal and responsibility is to help each student develop an enthusiasm for learning, a respect for self and others, and the skills to become a creative independent thinker and problem solver.



**20651 West Warren Street Dearborn Heights MI 48127**  
**Phone: (313) 240-4347 | Fax: (313) 441-9169 | [www.vistameadowspsa.com](http://www.vistameadowspsa.com)**

"Vista Meadows Academy's mission is to engage our students in a safe, innovative learning environment that will enable them to graduate and function as productive citizens of society."





**2023-2024**  
**9<sup>th</sup> – 12<sup>th</sup> Grade Enrollment Application Check List**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian,

Thank you for choosing **Vista Meadows Academy**. This checklist is designed to assist you in ensuring that all required forms and documents are on file at the Academy prior to the first day of school.

**The following information is required upon acceptance of enrollment packet:**

- \_\_\_\_\_ Birth Certificate, Original with Seal
- \_\_\_\_\_ Immunization Record (*current*)
- \_\_\_\_\_ Photocopy of Parent/Guardian Michigan Driver's License
- \_\_\_\_\_ Proof of Residency if different than Driver's License
- \_\_\_\_\_ Most Recent Report Card
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Records Release Request Form
- \_\_\_\_\_ Special Education Information (*if required*)
- \_\_\_\_\_ PPO/Custody Papers/Other Court Documents (*if required*)

**Without the above information, your application is not complete, and we cannot enroll your child.**

If you have any questions or require further information, please contact the school office at **313-240-4347**.

# Vista Meadows Academy

## Student Enrollment

### Application 2023-2024

For Office Use Only	
Date & Time rec'd:	By:
Start Date:	
Teacher:	Room #:

Grade Level \_\_\_\_\_

#### STUDENT BASIC INFORMATION

Student's Last Name:			
Student's First Name:		Middle Initial:	
Student's Date of Birth: (Provide Birth Certificate)	___/___/___	Gender:	___ Male ___ Female
Both parts must be completed. If either part is not answered, the U.S. Department of Education requires the Academy to supply an answer on your behalf.	Is your child Hispanic/Latino? (Choose only one) ___ Yes ___ No	What is the race of the child? (Choose one or more boxes) ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White	
	The following information is not required; however, it will be used to determine whether the school is eligible for supplemental funding to enhance instructional opportunities for immigrant children and youth.	Is your child between the ages of 3 and 21? ___ Yes ___ No	Was your child born outside of the United States ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico)? ___ Yes ___ No
The following information is not required; however, it is necessary to determine if your child is eligible for English as a Second Language services.	Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the language? _____	What is the primary language spoken in your home? ___ English ___ Other: _____	

#### STUDENT ADDRESS INFORMATION

Address where student lives	Street Address:			
	City:	State:	Zip Code:	
Mailing address, if different from above:	Street Address:			
	City:	State:	Zip Code:	

#### PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (if address is different than student, would you like separate mailings to this address as well? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Name:	Relationship:		
	Street Address:			
	City:	State:	Zip Code:	
	Home Phone:	Cell Phone:		
	Work Phone:	Email:		
Parent/Guardian #2 (if address is different than student, would you like separate mailings to this address as well? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Name:	Relationship:		
	Street Address:			
	City:	State:	Zip Code:	
	Home Phone:	Cell Phone:		
	Work Phone:	Email:		

**EMERGENCY CONTACT INFORMATION**

Emergency Contact #1	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:
Emergency Contact #2	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:
Emergency Contact #3	Name:	Relationship:
	Home Phone:	Cell Phone:
	Work Phone:	Email:

Legally, do not release my child to: \_\_\_\_\_ . The Academy will not comply with your request until receipt of Personal Protection Order and/or Custody Papers.

**MEDICAL HISTORY**

List severe allergies: (i.e., peanut allergies etc.)	
List medical concerns which require a medical action plan: (Chronic health concerns such as diabetes, asthma, epilepsy, etc.)	
List medications/ treatments:	
Doctor's Name:	Phone:

**SPECIAL SERVICES (Please check all that apply)**

<u>Support Services:</u>	<u>Special Education:</u>	<u>Service Delivery:</u>
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Self-contained classroom
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Emotional Impairment	<input type="checkbox"/> Resource Room pull-out
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Cognitive Impairment	<input type="checkbox"/> Resource Room push-in
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Co-taught courses
<input type="checkbox"/> Social Work	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> TC support only
<input type="checkbox"/> Assistive Technology _____	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Date of last IEP: _____
<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Date of last REED: _____
<input type="checkbox"/> Title IA/31a Services	<input type="checkbox"/> Hearing Impairment	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Early Childhood Developmental Delay	
	<input type="checkbox"/> Speech and Language Impairment	
	<input type="checkbox"/> Severe Multiple Impairment	
	<input type="checkbox"/> Traumatic Brain Injury	
	<input type="checkbox"/> Other: _____	

Is the student's parent or guardian currently on active duty for any branch of the military?

Yes

No

If so, which branch: \_\_\_\_\_

**DISCIPLINE HISTORY**

Has your child ever received an in-school detention?  Yes  No

If yes, how many times? \_\_\_\_\_ When did the detention occur? \_\_\_\_\_

Has your child ever received a suspension from school?  Yes  No

If yes, how many times? \_\_\_\_\_ When did the suspension occur? \_\_\_\_\_

Has your child ever been expelled from school?  Yes  No

Has your child ever been convicted of a felony?  Yes  No

I \_\_\_\_\_ affirm that my child \_\_\_\_\_ **has** **has not been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against person and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

**SIBLINGS** (Please all siblings who are also applying for enrollment at the Academy. Information in this section is to ensure sibling status if one of your children is accepted. Each child applying must complete a separate Student Enrollment Application.)

Last Name	First Name	Class

How did you hear about us?

Radio  Billboard  Mailing  Facebook  Commercial  Referred by: \_\_\_\_\_

I understand that by completing and signing this form that my child will be considered for enrollment at the Academy. I further understand that this process does not automatically guarantee enrollment in the Academy, and that my child's name may be placed in a lottery for enrollment purposes. I affirm that all the information provided is complete and accurate to the best of my knowledge:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY (Initial complete, NA if not applicable)**

- \_\_\_\_ Birth Certificate (copy)
- \_\_\_\_ Immunizations Record or Waiver (current)
- \_\_\_\_ Photocopy of Parent/Guardian Michigan Driver's License
- \_\_\_\_ Proof of Residency (if different from Driver's License)
- \_\_\_\_ Student Residency Questionnaire
- \_\_\_\_ Most Recent Report Card
- \_\_\_\_ Home Language Survey
- \_\_\_\_ Completed Records Release Form
- \_\_\_\_ Special Education Documentation (complete)
- \_\_\_\_ PPO/Custody Papers/Other Court Documents (complete)

**Orientation**

- \_\_\_\_ Free & Reduced Meals Application
- \_\_\_\_ Authorization for Administering Medication/Treatment
- \_\_\_\_ Medical Action Plan
- \_\_\_\_ Student Handbook Acknowledgement
- \_\_\_\_ Concussion Information Acknowledgement
- \_\_\_\_ Student Compact
- \_\_\_\_ Directory Information opt Out Form



## RECORDS RELEASE

Today's Date: \_\_\_\_\_

Date Request Sent: \_\_\_\_\_

Please release the cumulative files, including: (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> CA-60                | <input type="checkbox"/> Health Records                          |
| <input type="checkbox"/> Social Work Records  | <input type="checkbox"/> Special Education Records (include IEP) |
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Discipline Records                      |
| <input type="checkbox"/> Other: _____         |  |

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Students Grade: \_\_\_\_\_

Records being requested from:

School/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send Records To: Vista Meadows Academy  
20651 West Warren Street  
Dearborn, MI 48127  
Phone: 313-240-4347 Fax: 313-441-9169

**The Federal Reg. Vol. 41 No. 188, Sec 99.31, June 17, 1976 states: "prior consent for disclosure not required... if the disclosure is...to officials of another school or school system in which the student seeks or intends to enroll.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check all documents being sent:

- |  |  |
|--|--|
| <input type="checkbox"/> CA-60   | <input type="checkbox"/> Health Records                          |
| <input type="checkbox"/> Social Work Records   | <input type="checkbox"/> Special Education Records (include IEP) |
| <input type="checkbox"/> Psychological Records <input type="checkbox"/> Discipline Records |  |
| <input type="checkbox"/> Other: _____  |  |

Registrars Signature: \_\_\_\_\_



## Home Language Survey

The information requested will be used only to determine whether the student may be eligible for programs offered at the Academy that provide enhanced instructional opportunities for limited English proficient and/or immigrant students. You are not required to complete this information. However, if you choose not to complete this information, the Academy may not be eligible for supplemental funding.

Please respond to the questions below by checking the appropriate boxes.

Thank you for your cooperation.

### Student Information

Student Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Month Day Year

### Student Language Information

1. Is your child's primary language other than English?  Yes  No  
If yes, what is the language? \_\_\_\_\_
2. What is the \*primary language spoken in your home?  English  Other: \_\_\_\_\_

*\*Primary Language means the dominant language used by a person for communication.*

### Student Immigrant Information

1. Is your child between the ages of 3 through 21?  Yes  No
2. Was your child born outside of the United States ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico)?  Yes  No
3. Has your child attended one or more schools in the United States for less than three full academic years?  Yes  No

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, in regards to children and youth in transitional living arrangements. Your answer will help the administration determine residency documents necessary for enrollment and additional services available to your family. This questionnaire will be kept separately from the student's permanent record and filed by the Homeless Education Liaison.

1. Presently, where is the student living? Please check one:

- in a shelter
- with more than one family in a house or apartment
- in a motel, car or campsite
- with friends or family members (other than parent/guardian)
- awaiting foster care placement
- none of the above **If you checked this item, then you do NOT need to complete the remainder of this form.**

2. The student lives with:

- 1 parent
- 2 parents
- 1 parent & another adult
- a relative, friend(s) or other adult(s)
- alone with no adults
- an adult that is not the parent or the legal guardian

School: Vista Meadows Academy

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student Names: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_





## Home Language Survey

The information requested will be used only to determine whether the student may be eligible for programs offered at the Academy that provide enhanced instructional opportunities for limited English proficient and/or immigrant students. You are not required to complete this information. However, if you choose not to complete this information, the Academy may not be eligible for supplemental funding.

Please respond to the questions below by checking the appropriate boxes.

Thank you for your cooperation.

### Student Information

Student Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Month Day Year

### Student Language Information

1. Is your child's primary language other than English?  Yes  No  
If yes, what is the language? \_\_\_\_\_
2. What is the \*primary language spoken in your home?  English  Other: \_\_\_\_\_

*\*Primary Language means the dominant language used by a person for communication.*

### Student Immigrant Information

1. Is your child between the ages of 3 through 21?  Yes  No
2. Was your child born outside of the United States ("United States" is defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico)?  Yes  No
3. Has your child attended one or more schools in the United States for less than three full academic years?  Yes  No

I hereby verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## Photograph and Publicity Release Form

I, \_\_\_\_\_, give **Vista Meadows Academy** and its fiscal agent, if any, permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of **Vista Meadows Academy**.

I agree that **Vista Meadows Academy** may have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Academy's missions. These uses include, but are not limited to, illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or other materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release **Vista Meadows Academy** and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

**I give my consent to Vista Meadows Academy to use my child's name and likeness as described above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (if age 17 or below)

\_\_\_\_\_  
Date

**I do not give my consent to Vista Meadows Academy to use my child's name and likeness as described above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (if age 17 or below)

\_\_\_\_\_  
Date



**Vista Meadows Academy  
Virtual Learning Permission**

My student, \_\_\_\_\_, has permission to take virtual courses while attending Vista Meadows Academy.

\_\_\_\_\_

Parent / Guardian





School District Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

\_\_\_\_\_ (school name) is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to \_\_\_\_\_ (school name).

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete survey and return to your child's school or mail to the address listed above.

**These sections must be completed by the head of household or designee.**

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children \_\_\_\_\_
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

**3. TOTAL MONTHLY HOUSEHOLD INCOME** -- Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$ _____	
2. Monthly Welfare Payments, Child Support, Alimony	\$ _____	
3. Monthly Payments from Pensions, Retirement, Social Security	\$ _____	
4. Monthly Dividends or Interest on Savings	\$ _____	
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$ _____	
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$ _____	
<b>Total Monthly Household Income (Add lines 1-6)</b>	\$ _____	

**4. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

By providing your email address, you may be contacted via mail by the district.



# Concussion

## INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to or after* a hit or fall

#### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



[cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

**Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)



**Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.** Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

