



133 Bristol Street
Southington, CT 06489
860-628-2485

Student/Parent - Concussion Education Plan Consent Form

I have read and understand this document and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date _____
(Print Name)

Signature _____

Parent name: _____ Date _____
(Print Name)

Signature _____