

Hunterdon Central Regional High School

Student Athlete Health Concerns Agreement

By agreeing, I certify that my son/daughter and I have read and understand the Sports-Related Concussion and Head Injury Information Sheet. I further certify that my son/daughter and I have read and understood the information provided on Immediate Post Concussion Assessment and Cognitive Testing and my student athlete and I agree to my child's participation in the ImPACT Concussion Management Program. We agree to allow results from the testing to be shared with the school physician.

By agreeing, I certify that my son/daughter and I have been provided with the information on the Sudden Cardiac Death in Young Athletes Brochure from the American Academy of Pediatrics. My student athlete and I hereby agree that we are bound by each of the provisions contained herein as a condition precedent for my child's participation in the Hunterdon Central Athletic Program. **ALL AGREEMENTS AND SIGNATURES MUST BE MADE BY THE PARENT OR LEGAL GUARDIAN.**

Please note: this form appears on FamilyID, and must be signed and submitted online, as part of the Athletic Registration Process.