



**The School District  
of Marlboro County**  
**Mr. Bobby Collins**  
**Athletic Director/Head Football Coach**



Office: (843) 456-7461      Fax: (843) 454-2037

**Parent/Guardian Acknowledgement of Concussion Information Handout  
for Son or Daughter Participating in Athletics**

**Athlete's Name (please print):** \_\_\_\_\_

The state of South Carolina passed a law regarding student athletes and concussions. It is now the responsibility of the school to educate and inform parent(s) and/or guardian(s) about the nature and risk of concussions. **It is important to know and understand that concussions are serious injuries that can occur in any sport, without the loss of consciousness and sometimes without a direct blow to the head.** If a concussion is suspected, the athlete will be removed from participation and parent(s) or guardian(s) will be notified. As the parent or legal guardian of the above named student-athlete, please read over the attached Concussion Information Handouts with your child. By signing below, you the parent and/or guardian and the athlete have had the opportunity to review and discuss the information provided to you by the School District. This form will be kept on file to document your receipt of the Concussion Information Handout.

**Signature of Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

