

Fall	Spring	Summer	
20_	20	Seasonal Year	

CALIFORNIA HEALTH AND SAFETY CODE INFORMATION SHEET ACKNOWLEDGEMENT

Signatures below are acknowledgement that as a parent/guardian of an athlete, that both myself and the athlete have been provided the information sheets: 1) Concussion and Head Injury; 2) Sudden Cardiac Arrest; 3) Opioid Factsheet, as required per California applicable law.

TEAM NAME: ID:	
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Parent/Guardian				
rint Name	Parent/Guardian Signature	Athlete Print Full Name	Athlete Signature	Date