State of New Jersey

Department of Education Parental Sign off Sheet

School

<u> </u>
We acknowledge that we have received and reviewed the <u>Sudden Cardiac Dealing 10 of the Sudden Card</u>
We acknowledge that we have received and reviewed the <u>Concussion Policy</u> <u>Pamphlet.</u>
We acknowledge that we have received and reviewed the <u>Eye Safety For</u> <u>Athletes Pamphlet.</u>
We acknowledge that we have received and reviewed <u>The Opioid Use and Misuse Educational Fact Sheet.</u>
Student Signature:
Print Name:
Parent/Guardian Signature:
Print Name:
Date:
Please return to coach.

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlete Safety Act, P.L.2013, c.71