

***Rochester School Concussion Eligibility Form***  
***School Year: 2011-2012***

Student – Athlete’s Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_

My son / daughter have permission to participate in interscholastic athletics at Rochester School. School official/coaches have my permission to arrange for emergency medical treatment of my son/daughter if necessary. I have read and agree to the Athletic Eligibility Requirements stated in the Rochester Athletic Handbook and have received and read the concussion information from the school.

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(Parent / Guardian signature and date)

Student – Athlete Agreement

I have read and agree to follow the Athletic Eligibility Requirements stated in the Rochester School Athletic Handbook and received and read the concussion information.

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(Student – Athlete signature and date)