

# KUNA HIGH SCHOOL



637 E. Deer Flat Road  
Kuna, Idaho 83634

*"Inspiring Life Long Learners"*

Tele: 208.955.0200  
Fax: 208.922.2178

## Kuna School District Concussion Parent/Guardian Acknowledgment Form

I, \_\_\_\_\_, by signing below, hereby acknowledge that Kuna School District has provided me with the necessary and appropriate education on concussion as mandated under subsection (3) of section 33-1625, Idaho code. The education included appropriate guidelines and information that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussions and head injury in accordance with standards of the Centers for Disease control and Prevention.

I acknowledge that in addition to receiving the education designated in the above paragraph that I have had adequate time to review the materials and to have all of my questions addressed by the athletic trainer or appropriate school personnel or viewed the information on the school website. I acknowledge that I understand the nature of concussion, the signs and symptoms of concussion and the risks of allowing a student athlete to continue to play after sustain a concussion. I acknowledge that I understand the Kuna School District concussion protocol.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent\Guardian (Please print)

\_\_\_\_\_  
Parent\Guardian signature

\_\_\_\_\_  
Date

*"At KHS, we will be challenged to grow, change and learn in a caring and safe environment."*

*We Believe...*

1. In the ability for All students to learn
2. In personal responsibility, accountability and work ethic
3. In opportunity for and acceptance of all people
4. In support and consistency
5. In partnerships with parents, guardians and community