

**Parental Consent Form**

**Please sign and return this page only.**

**By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Frisco ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.**

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

**Parent's or Guardian's Name (print)** \_\_\_\_\_

**Parent's or Guardian's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_