

# Parent Permission to Participate in Athletic Activities

Policy Code:

JFCBA-E

Adoption Date:

Tuesday, September 27th, 2011

## PARENT PERMISSION TO PARTICIPATE IN ATHLETIC ACTIVITIES

I understand that there are inherent risks associated with my child participating in athletic activities. I believe that the benefits realized from participation exceed the risk and give my permission allowing my child to participate.

I understand that, in compliance with Utah State Law 26-53-101, if my child is suspected of having sustained a traumatic head injury or concussion, they will be immediately removed from the sporting event and not be allowed to return to participation until they have received medical clearance, in the form of a written statement, to participate from a qualified health care provider trained in the evaluation and management of traumatic head injury and concussions and the school has been provided a copy of this clearance.

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Student Name

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Parent Name

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Parent Signature

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Date