

GAYLORD COMMUNITY SCHOOLS

An NCA Accredited School District



North Ohio Elementary
Mandy Bolen, Principal

South Maple Elementary
Therese Hansen, Principal

Dear Parent/Guardian,

Thank you for registering your child with Gaylord Community Schools.

Please provide the following documents to complete the enrollment:

- **ORIGINAL BIRTH CERTIFICATE**
- **PROOF OF RESIDENCY** - must have parent/guardian name and address indicating residency (Ex. driver's license, utility bill, rent/lease agreement, property tax statement, voter's registration, mortgage document, certification from work, etc.)
- **POWER OF ATTORNEY or GUARDIANSHIP PAPERWORK** – if student doesn't live with parent
- Latest **IEP or 504 PLAN** – if student receives special education services
- Copy of current **IMMUNIZATION RECORD**
- Evidence of **VISION & HEARING SCREENING** (Kindergarten only)
(For more information about immunization clinics and/or hearing & vision screenings, contact the Health Department at 1-800-432-4121 or your child's physician)

Please fill out the following forms:

- **STUDENT INFORMATION RECORD** (Emergency Card)
- **KINDERGARTEN WAIVER** (If applicable)
- **REGISTRATION PROOF OF RESIDENCY**
- **CONSENT FOR DISCLOSURE OF IMMUNIZATION INFORMATION**
- **STUDENT INFORMATION SHEET**
- **AFFIRMATION OF PRIOR STUDENT RECORD** (Grades 1-3 / Kindergarten if previously attended school)
- **AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION** (Records Request)
- **TRANSPORTATION REGISTRATION FORM** (If applicable)
- **CONCUSSION AWARENESS ACKNOWLEDGEMENT FORM**

These forms are to be filled out if the enrollment takes place after the school year has started:

- **STUDENT/PARENT AGREEMENT SIGNATURE PAGE**
- **DIRECTORY INFORMATION OPT-OUT FORM**

Your child's school assignment will be based on the following criteria:

- Same elementary school building as sibling/s
- Residence Zone
- Class enrollment


North Ohio Elementary • 912 North Ohio Avenue • Gaylord Michigan 49735-1253
Phone: (989) 731-2648 • Fax: (989) 731-3387 • www.gaylordschools.com

South Maple Elementary • 650 East Fifth • Gaylord Michigan 49735-1253
Phone: (989) 731-0648 • Fax: (989) 731-0095 • www.gaylordschools.com



Vaccines Required for School Entry in Michigan

Whenever children are in group settings there is a chance for disease to spread. Children must follow vaccine laws in order to attend school. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect children from serious diseases is to follow the recommended vaccination schedule at [cdc.gov/vaccines](https://www.cdc.gov/vaccines). When following the recommended schedule children are fully protected and any school vaccination requirements are met.

	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1 st dose given on or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7 th grade or higher
Polio		4 doses or 3 doses if dose 3 was given on at or after 4 years of age
Measles, Mumps, Rubella (MMR)*		2 doses at or after 12 months of age
Hepatitis B*		3 doses
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7 th grade or higher
Varicella (Chickenpox)*		2 doses at or after 12 months of age or Current lab immunity or History of varicella disease

***If the child has not received these vaccines, documented immunity is required.** All doses of vaccines must be valid (correct spacing and ages) for school entry purposes. These rules apply to children who are the above ages upon entry into school. During disease outbreaks, incompletely vaccinated children may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at [Michigan.gov/Immunize](https://www.michigan.gov/immunize).

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

GAYLORD COMMUNITY SCHOOLS
2022-2023 STUDENT INFORMATION RECORD

Please print clearly in ink and provide all information requested. Sign, date, and return to your student's school.

STUDENT INFORMATION			GRADE:	
Student's Legal Last Name	First Name	Middle Name	Preferred First Name	
Student's Residence Address	City	Zip Code	School District of Residence	
Mailing Address for Student Mailings	City	Zip Code	County of Residence	
Student's Home Phone Number	Gender (M/F)	Date of Birth	Birthplace (City / State / Country)	
Please note that if ethnicity and race information is not provided, the US Department of Education requires the school district to provide an answer on our behalf.				
ETHNICITY (check one)		RACE (number all that apply)		
Non-Hispanic:		African American		American Indian / Alaska Native
Hispanic:		Native Hawaiian / Pacific Islander		White
Language spoken at home: <input type="radio"/> English <input type="radio"/> Other _____				
Student Lives With: (check one)				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">___ Natural Parents</div> <div style="width: 50%;">___ Mother / Other</div> <div style="width: 50%;">___ Host Family</div> <div style="width: 50%;">___ Adult Student</div> <div style="width: 50%;">___ Father / Step-Mother</div> <div style="width: 50%;">___ Father Only</div> <div style="width: 50%;">___ Relative</div> <div style="width: 50%;">___ Other</div> <div style="width: 50%;">___ Mother / Step-Father</div> <div style="width: 50%;">___ Mother Only</div> <div style="width: 50%;">___ Court Placed</div> <div style="width: 50%;">___ Father/Other</div> <div style="width: 50%;">___ Legal Guardian</div> <div style="width: 50%;">___ Joint Custody</div> </div>				
Student's Residence is: (check one)				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">___ Single Family Dwelling</div> <div style="width: 33%;">___ More than 1 family in house</div> <div style="width: 33%;">___ Motel / Car / Campsite</div> <div style="width: 33%;">___ With Friends / Family (other than parent/guardian)</div> <div style="width: 33%;">___ Shelter</div> <div style="width: 33%;">___ Other</div> </div>				
Mother Name:		Father Name:		
Lives with Student:	YES NO	Lives with Student:	YES NO	
Work Place:		Work Place:		
Home Phone:		Home Phone:		
Cell Phone:		Cell Phone:		
Email:		Email:		
List the names and relationships of all adults residing with the student (not including natural parents) below.				
Name (Last, First)		Relationship		Phone Number
List a parent living in a different household, if they should receive informational mailings from the school.				
Parent Name:		Address:		
Is any parent a member of the Armed Forces and on active duty? YES NO				
If there are adults who are restricted from seeing your child by order of a court , please list them here. We cannot restrict a parent without legal documentation on file at the school.				
OFFICE USE ONLY				
STUDENT ID:	STUDENT UIC:		AM BUS ROUTE:	
RESIDENT STATUS:	DISTRICT OF RESIDENCE:		PM BUS ROUTE:	
K-8 HOMEROOM TEACHER:	DISTRICT ENTRY DATE:		Secondary Route Info - AM: PM:	

Other Children Residing in the Home			
Name (Last, First)	Birthdate	Grade	School Attending

MEDICAL INFORMATION	
ALLERGIES: _____ Food (List below) *Contact cafe for special diets _____ Animals _____ Medications _____ Other	OTHER CONDITIONS: _____ Asthma - Parent providing inhaler to office? YES NO _____ Diabetes _____ Convulsions/seizures (Explain below) _____ Other Medical Information (Explain below)
Parent providing Epipen? YES NO	
Medical Authorizations and Authorization to Transport in Case of Emergency	
In case of an accident or serious illness, I request the school to contact me. If the school cannot reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the wellbeing of my child.	
Doctor Name: _____	Doctor Phone: _____

PERSONS AUTHORIZED TO PICK UP CHILD FOR EMERGENCY PURPOSE ONLY			
If your child is injured, ill, etc., and needs to leave school, we will first contact the parents listed on the front of this card. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school for emergency purposes only. Your child should know the person. ID may be requested.			
Authorized Person	Relationship	Address	Phone Number

Your child will not be released to any unauthorized person	
EARLY DISMISSAL	
On early dismissal days or days when school is closed early due to weather or other unexpected circumstances, please provide instructions as to where your child is to go. The school will follow the weekly bus schedule unless notified otherwise.	
PLEASE NOTE: LATCHKEY IS NOT AVAILABLE ON EARLY DISMISSAL DAYS. (Please remember zone rules are to be followed.)	
_____ Ride the Bus (Must be currently registered)	_____ Other (Explain below)
_____ Walk Home	
_____ Parent Pickup	

I affirm that as the parent/legal guardian, all information provided is true and accurate, and that my child and I reside at the listed address. I understand that any false information provided by me may subject me to legal penalties for perjury.

 Signature of Parent / Guardian

 Date

GAYLORD COMMUNITY SCHOOLS

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REGISTRATION PROOF OF RESIDENCY

Proof of residency Submitted:

- | | |
|---|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Proof of residency from the County Registrar of Voters |
| <input type="checkbox"/> Lease / Rental agreement | <input type="checkbox"/> Current vehicle registration showing residency address |
| <input type="checkbox"/> Utility bill for the current month | <input type="checkbox"/> Letter from parent's employer on company letterhead |
| <input type="checkbox"/> Property Tax Bill | <input type="checkbox"/> Copy of money order for rent payment |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Other _____ |

I declare that I physically reside at: _____.
(complete address)

I declare under the penalty of perjury that the student listed below resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. **If I move outside the district, appropriate forms will also be required.**

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; withdrawal of student from Gaylord Community Schools and/or being held liable to reimburse the district for expenses incurred to educate this student.

Student Name	Grade

Sibling Names	Grade	School

Parent / Guardian Name

Parent / Guardian Signature

Relationship to Student

Date

Gaylord Community Schools

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Gaylord Community Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Student Building: _____ Grade Level: _____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

Gaylord Community Schools
First Through Third Grade Information

Today's Date _____

Child's Name _____ Birthdate _____ Gender _____

Name you wish your child to be called in school _____

Mother's First Name _____ Last Name _____

Father's First Name _____ Last Name _____

Home Address _____ City, State, Zip _____

Mailing Address (if different) _____ City, State, Zip _____

Home Phone _____ Work Phone _____

With whom does your child reside? _____

Is your child right or left handed? _____ Does your child wear glasses? ___ Yes ___ No

Any known allergies? ___ Yes ___ No

If yes, please explain:

Any known health concerns? _____

___ Heart Trouble ___ Diabetes ___ Seizures ___ Asthma ___ Frequent Colds

___ Eczema ___ Earaches ___ Sore Throats ___ Fears ___ Hemophiliac

___ Bee Stings ___ Epilepsy ___ Nose Bleed ___ Hearing Problems

___ Trouble passing urine or bowel movement ___ Shortness of Breath

___ Other: _____

1. Are there any special things about your child that we should know, such as, illness, divorce, recent move, special fears, etc. that could affect learning?

2. Please list any group experiences your child has participated in (STARS, Head Start, Nursery School, Daycare, Story Hour, etc). Give names and dates.

3. Has your child been identified for any special services such as health, speech/language, or ECDD? ___ Yes ___ No

If yes, please explain.

4. Does your child take medication on a regular basis? ____ Yes ____ No

If yes, what medication? _____

Reason: _____

5. How does your child spend his/her leisure time?

6. Explain any responsibilities your child has at home.

7. What are some favorite things your child likes to do?

8. Do you celebrate holidays and birthdays in your home? ____ Yes ____ No

If no, please explain: _____

9. Is your child able to sit in a group setting and listen to a story for ten minutes? ____ Yes ____ No

10. Does your child listen without interrupting while someone else talks? ____ Yes ____ No

11. Does your child know his/her: Phone number? ____ Yes ____ No

Address? ____ Yes ____ No

12. Do you have books/magazines/newspapers at home that your child reads? ____ Yes ____ No

13. What do you expect your child to acquire through his/her educational experience?

14. What else would you like your child's teacher to know about your child?

15. Would you be interested in occasionally sending snack items or a food ingredient for an occasional cooking project? ____ Yes ____ No

16. Would you be willing to volunteer in your child's classroom? ____ Yes ____ No

GAYLORD COMMUNITY SCHOOLS

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AFFIRMATION OF PRIOR STUDENT RECORD

Student Name: _____ Grade: _____

Previous School: _____

Previous School District: _____

➤ **DISCIPLINE**

My child has been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity.

☐ NO

☐ YES

➤ **SPECIAL EDUCATION SERVICES / Section 504**

My child received the following services:

☐ SPECIAL EDUCATION SERVICES (please provide current IEP, MET, etc. if available)

☐ Section 504 (please provide latest 504 plan if available)

The undersigned affirms that the above information is true.

Parent/Guardian Name

Parent / Guardian Signature

Date

=====

To: _____
(name of previous school)

Please check one and return with appropriate student records:

☐ According to our records, we verify that the information provided above **IS** correct.

☐ According to our records, the information provided above **IS NOT** correct.

Attachment: ☐ Discipline Records ☐ IEP, MET, 504 Plan, etc.

Signature of Sending District Administrator or Designee

Title

Date

GAYLORD COMMUNITY SCHOOLS

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Form 8330 F4/Page 1 of 1

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Student Name: _____ DOB: _____ Grade: _____

Has your child ever attended Gaylord Community Schools? ☐ NO ☐ YES School Bldg: SME NOE GMS GIS GHS
Year/s attended: _____

School Transferring From: _____ School District: _____

Previous School Address: _____

Phone No.: _____ Fax No.: _____

I authorize release of the following records for the child listed above:

<input type="checkbox"/>	COMPLETE CUMULATIVE	<input type="checkbox"/>	TRANSCRIPT	<input type="checkbox"/>	CURRENT MET, IEP, 504 Plan	<input type="checkbox"/>	Confidential Files (IEPC)
<input type="checkbox"/>	BIRTH CERTIFICATE	<input type="checkbox"/>	WITHDRAWAL GRADES	<input type="checkbox"/>	MEDICAL FILE	<input type="checkbox"/>	Psychological & Diagnostic Reports
<input type="checkbox"/>	IMMUNIZATION RECORD	<input type="checkbox"/>	CURRENT SCHEDULE	<input type="checkbox"/>	SOCIAL WORKER REPORTS	<input type="checkbox"/>	DISCIPLINE RECORD

Has the above child received special education services? ☐ NO ☐ YES

Has/have the above child received section 504 services? ☐ NO ☐ YES

If marked yes, area(s) services provided: _____

* Parental permission is no longer required when records are requested by authorized school personnel in compliance with "Federal Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol41, No. II, Page 2465."

* The Michigan Attorney General ruled on April 23, 1982 that a school district may not withhold records of a student who transfer to another district if the student has an outstanding obligation to the school district.

Please accept this as a notification that Gaylord Community Schools will be requesting an FTE adjustment per Section 25 for the above student.

UIC No. _____ First Date of Attendance: _____

Signature of GCS Representative

PLEASE FORWARD STUDENT RECORDS TO SCHOOL INDICATED BELOW:

Date Request Sent: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GCS District Registrar 615 S. Elm Ave. Gaylord, MI 49735 Phone: 989-705-3027 Fax: 989-732-6029	North Ohio Elem. 912 North Ohio Ave. Gaylord, MI 49735 Phone: 989-731-2648 Fax: 989-731-3387	South Maple Elem. 650 East Fifth Ave. Gaylord, MI 49735 Phone: 989-731-0648 Fax: 989-731-0095	Gaylord Intermediate School 240 East Fourth Avenue Gaylord, MI 49735 Phone: 989-731-0856 Fax: 989-732-6475	Gaylord Middle School 600 East Fifth Avenue Gaylord, MI 49735 Phone: 989-731-0848 Fax: 989-732-2632	Gaylord High School 90 Livingston Blvd. Gaylord, MI 49735 Phone: 989-731-0969 Fax: 989-731-2585

Gaylord Community Schools Transportation Registration Form

Transportation questions please call: (989) 705-3022



**Return registration forms to your students' school building during school days.
During the summer months, please return to the Board of Education Office- 615 S. Elm Avenue.**

Date: _____ ☐ New ☐ Change ☐ Moved

* New enrollment registration forms must be completed and returned to the Registrars' Office.

* Families with multiple students need to submit only one form.

* It may take Transportation Dept. up to 5 school days to arrange for busing upon receiving this form.

* More processing time may be necessary during the new school year registration period.

Student Name	School	Grade	Gender

Bus Stop will be at or closest to the students address. We can accommodate ONLY one Pick Up and ONLY one Drop Off location

AM Pick Up (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

PM Drop Off (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

***Signature of Parent/Guardian*Print _____ Sign _____**

Email: _____ Phone: _____



Please Fill Out Top Half



Joint Custody/Shared Parenting Only If student will be transported to/from a destination other than listed above, please indicate below. **A copy of court papers must be provided with registration form.**

Parent Name _____ Relationship to Student _____

AM Pick Up (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

PM Drop Off (check one) ☐ Home ☐ Day Care ☐ Other Contact Name _____

Address _____ Phone# _____

Email: _____ Phone: _____

.....It is the responsibility of the shared custody parents to inform students school of bus schedule weekly.....

Route # _____ Stop _____ BUS START _____

Route # _____ Stop _____ _____

Route ☐ PS ☐ Parent Noti. ☐ Attached ☐ Driver ☐ Notes: _____

UNDERSTANDING CONCUSSIONS

Educational Material for Parents and Students

(Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE), National Athletic Trainers Association

Some Common Symptoms				
Headache	Balance Problems	Sensitivity to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitivity to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning for a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to activity on the day of the injury and not until a health care professional says they are okay to return to activity.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY**-A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEP YOUR STUDENT OUT OF ACTIVITY**-Concussions take time to heal. Don't let the student return to activity the day of the injury and not until a health professional says it is okay. A student who returns to activity too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION(S)**-Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused or has trouble with homework or school assignments
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Appears fatigued
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. If a student sustains a bump, blow or jolt to the head or body and the following danger signs are present, **immediate medical attention** should be sought at the closest emergency department.

One pupil larger than the other	Repeated vomiting or nausea	Becomes increasingly confused or agitated	Is drowsy and cannot be awakened
Slurred speech	Has unusual behavior	A headache that gets worse	Convulsions or seizures
Weakness, numbness or decreased coordination	Cannot recognize people or places	Loses consciousness (even briefly)	

WHAT SHOULD YOU DO?

If a student reports one or more symptoms of a concussion after receiving a bump, blow or jolt to the head or body, h/she should be immediately removed from activity (this includes but is not limited to, athletics, PE classes, band, dance, aerobics, theatre and choir.) The student should only return to activity with the permission of a health care professional experienced in evaluating concussions. Rest is key during recovery. Exercising or activities that require a lot of concentration (such as studying, working on the computer or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rest breaks, be given extra help and time, and spend less time reading, writing or on a computer or iPad. After a concussion, returning to sports and school is a gradual process and should be monitored by a health care professional. Concussions affect each individual differently. Some may recover quickly and fully while others may have symptoms that last for days, weeks or even months.

To learn more, go to www.cdc.gov/concussion

PARENTS AND STUDENTS MUST SIGN AND RETURN THE EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the "Understanding Concussions: Education for Parents and Athletes" provided by Gaylord Community Schools.

Student Name Printed

Parent or Guardian Name Printed

Student Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to your school's athletic office or to your coach. The school must keep this on file until the student is age 18. We realize this may not be the first nor the last time you sign and submit this form, as each organization needs to have a copy. Thank you for your cooperation and understanding.

Students and parents please review and keep the educational materials available for future reference.