

# 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 Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **Hudsonville Public Schools**

Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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

# Internet Use Authorization Form

(Please print out, complete and return to school)

## User Authorization:

I hereby certify that I have read and understand Hudsonville Public Schools Student Acceptable Use Policy and agree to abide by its terms and conditions. I understand that if I violate the Student Acceptable Use Policy, my network/Internet access privilege will be revoked and I will be subject to disciplinary action. I further understand that a violation of the Student Acceptable Use Policy may subject me to criminal and/or civil liability.

User Name (please print): \_\_\_\_\_

User (Student)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian Authorization:

As the parent or guardian of the above named user, I hereby certify that I have read and understand Hudsonville Public Schools Student Acceptable Use Policy. (<http://www.hudsonville.k12.mi.us/mysite.html?building=hto>) I further understand that some materials accessible to network/Internet users may be offensive, illegal, defamatory or inaccurate, and that although the Hudsonville Public Schools has taken reasonable precautions to restrict access to such materials, such exposure may nevertheless occur. With that understanding, I hereby give permission to the Hudsonville Public Schools to allow internet access for my child. I further agree to indemnify and hold harmless Hudsonville Public Schools, its employees and agents, from any and all claims arising from or related to my child's use or misuse of the computer equipment/Internet, and waive any and all claims I may have against Hudsonville Public Schools for such use or misuse.

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent

Signature: \_\_\_\_\_ Date \_\_\_\_\_