

REGENT PREPARATORY SCHOOL OF OKLAHOMA Heat Related Illness Acknowledgement

This acknowledgement form is to confirm that you have read and understand the HEAT RELATED ILLNESS FACT SHEETS provided to you by <u>REGENT PREPARATORY SCHOOL OF OKLAHOMA</u> related to potential heat illnesses injuries occurring during participation in athletics.

We have read the HEAT RELATED ILLNESS FACT SHEETS provided to us by <u>REGENT PREPARATORY SCHOOL OF OKLAHOMA</u> related to potential heat illnesses injuries occurring during participation in athletic programs and understand the content and warnings.

PRINT NAME OF STUDENT-ATHLETE				
SIGNATURE OF STUDENT-ATHLETE	DATE			
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE			

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.





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Sudden Cardiac Arrest Acknowledgement Statement

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{N	NAME OF SCHO	OOL)				
I have received and read th understand the warning sig programs and the need for	gns and serio	ousness of sudden cardiac	arrest (SCA)	related to part	-	
Signature of Student-Athle	te	Print Student Athlete's N	ame	Date	,	
Signature of Parent/Guardi	ian	Print Parent/Guardian's I	Name	Date	-	

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



REGENT PREPARATORY SCHOOL OF OKLAHOMA Concussion and Head Injury Acknowledgement

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by <u>REGENT PREPARATORY SCHOOL OF OKLAHOMA</u> related to potential concussions and head injuries occurring during participation in athletics.

We have read the CONCUSSION FACT SHEET provided to us by <u>REGENT PREPARATORY SCHOOL OF OKLAHOMA</u> related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

PRINT NAME OF STUDE	NT-ATHLETE
SIGNATURE OF STUDENT-ATHLETE	DATE
SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.