



## Volunteer Concussion Awareness Acknowledgement Form

Surname	Given Names		
Address: Number Street	Apt./Unit	City/Town/Municipality	Postal Code

I, \_\_\_\_\_, hereby declare that:

I have reviewed the Brant Haldimand Norfolk Catholic District School Board's Rowan's Law Concussion Awareness Resource and the Concussion Code of Conduct.

Signature of Volunteer

Date

\*PLEASE RETURN FORM TO SCHOOL PRINCIPAL IN A SEALED ENVELOPE MARKED 'CONFIDENTIAL: VOLUNTEER CONCUSSION AWARENESS ACKNOWLEDGEMENT'

Office Use Only	
Received on:	By:
Recorded on Volunteer Tracking Form:	

### Information Collection Authorization

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