

**CARTERET SCHOOL DISTRICT**  
**ATHLETIC ACKNOWLEDGEMENT FORM**

**Parent/Guardian Acknowledgement Form**

**NJSIAA Sports-Related Concussion and Head Injury Fact Sheet**

I/We acknowledge that we received the Sports-Related Concussion and Head Injury Fact Sheet.

_____ Student Signature	_____ Student Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
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**Sudden Cardiac Death Pamphlet**

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

_____ Student Signature	_____ Student Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
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**NJSIAA Steroid Testing Policy**

I/We acknowledge that we received the NJSIAA Steroid Testing Policy and Banned Drugs List.

_____ Student Signature	_____ Student Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
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**Opioid Use and Misuse Educational Fact Sheet**

I/We acknowledge that we received the Use and Misuse of Opioid Drugs Fact Sheet.

_____ Student Signature	_____ Student Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
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**NJSIAA Opioid Policy Acknowledgement**

I/We acknowledge that we viewed the NJ CARES educational video on the risks of opioid use.

_____ Student Signature	_____ Student Printed Name	_____ Date
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_____ Parent/Guardian Signature	_____ Parent/Guardian Printed Name	_____ Date
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