



Archbishop Riordan Medical Information Acknowledgement and Signature Form

Student-Athlete Name _____

Parent/Guardian Name _____

All required medical information sheets referenced in this document can be found and downloaded at this location - www.riordanhs.org/athletic-forms

Please Initial Each Section

By Initialing, you are acknowledging that you have read and understand the respective information sheet listed:

Concussion Information Sheet

Student-Athlete _____

Date: _____

Parent/Guardian _____

Date: _____

Sudden Cardiac Arrest Information Sheet

Student-Athlete _____

Date: _____

Parent/Guardian _____

Date: _____

Heat Illness Information Sheet

Student-Athlete _____

Date: _____

Parent/Guardian _____

Date: _____

Opioid Information Sheet

Student-Athlete _____

Date: _____

Parent/Guardian _____

Date: _____