



SENECA VALLEY

Concussion Baseline Report Release Form



PARENTAL PERMISSION TO RELEASE CONCUSSION BASELINE TESTING DATA

I, _____, give permission to the Seneca Valley School District to
[Parent Name]

release all concussion baseline testing data regarding my child _____
[Student Name]

to the following person or health care facility:

Name: _____

Address: _____

Phone: _____

Fax: _____

Signature:	Date:
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