

Agreement for Self-Assessment For GHS/GMS Student-Athletes



By signing below, I hereby certify that I viewed and read the Daily Self-Assessment information.

I further certify that I will do a Daily Self-Assessment at home each day before I come to school, and all answers will be “no” BEFORE reporting to school.

If any answers are “yes”, I will stay home and call my coach. I will not return to school until advised to by the school nurse or a GHS athletic trainer.

If I have questions or concerns, I will contact Susan Stiffney, the GCS health director at 574 533-8631

Signature of student _____ Date _____

Printed Name _____

Signature of Parent _____ Date _____