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Dr. Christina Van Woert
Superintendent of Schools

Tanya Dawson
School Business Administrator/
Board Secretary

CONFIRMATION OF COMPLETION OF BASELINE CONCUSSION TESTING

I (parent/guardian name) _____ do certify that my son/daughter
(student name) _____ completed the online Concussion and Head Injury Baseline test
on (date) _____. This was done under a parent's/guardian's supervision.

The Baseline Test results will be made available to the School Nurse, Athletic Director, or Coach *upon request*.

The Baseline Test is valid for three years at Black River Middle School.

Parent signature: _____

Student signature: _____

Date: _____