

# AFTER A MILD HEAD INJURY OR CONCUSSION

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## CARE AGREEMENT

Child's Name \_\_\_\_\_

"I have received this information and my questions and concerns have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

\_\_\_\_\_  
Parent/Guardian's Signature

"The person responsible for \_\_\_\_\_ has received this information and tells me that all questions have been answered."

\_\_\_\_\_  
MD or RN Staff Signature