



SUPPLEMENTAL CIF-MANDATED INFORMATION FOR FALL ATHLETIC CLEARANCE

Document 1. ["Prescription Opioids: What You Need to Know"](#)

Document 2. ["Parent/Student CIF Heat Illness Information Sheet"](#)

I/We hereby acknowledge that I/We have been provided with, reviewed, and read the following documents: "Prescription Opioids: What You Need to Know," and "Parent/Student CIF Heat Illness Information Sheet."

I/We understand the information contained in these documents and how it relates to my student/me as an athlete.

Parent / Legal Guardian Name
Printed

Parent / Legal Guardian
Signature

Date

Student Athlete Name
Printed

Student Athlete Signature
Signature

Date