

State of New Jersey

DEPARTMENT OF EDUCATION

Sports-Related Eye Injuries Fact Sign-Off Sheet

Name of School District: \_Archdiocese of Newark

Name of Local School: St Rose of Lima Academy

I/We acknowledge that we received and reviewed Sports-Related Eye Injuries pamphlet.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_