

**Saint Catherine of Siena School  
Sports-Related Eye Injuries  
Sign Off Sheet**

**Name of School District: Cedar Grove**

**Name of Local School: Saint Catherine of Siena**

**I/We acknowledge that we received and reviewed the Sports-Related Eye Injuries Educational Fact Sheet for Parents**

\_\_\_\_\_  
**Print Student Name**

X \_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Print Parent Name**

\_\_\_\_\_  
**Date**

**State of New Jersey/Department of Health**