

# MONTACHUSETT REGIONAL VOCATIONAL TECHNICAL SCHOOL DISTRICT



Ashburnham • Ashby • Athol • Barre • Fitchburg • Gardner • Harvard • Holden • Hubbardston • Lunenburg  
Petersham • Philipston • Princeton • Royalston • Sterling • Templeton • Westminster • Winchendon

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## Parent/Athlete Concussion/Head Injury Education Form

\_\_\_\_\_  
**Student Athlete name** (*printed*)

\_\_\_\_\_  
YOG

\_\_\_\_\_  
Sport

\*I attest that I have received, reviewed, and agree to follow the Parent/Athlete Concussion/Head Injury Education Form and the "Heads up Concussion in High School Sports, A fact sheet for athletes" and "Heads up: Preventing Concussion" both from the Centers of Disease Control and Prevention. If at any time I seek further information on this topic or clarification I will seek out the coach, school medical staff, or athletic director.

\_\_\_\_\_  
**Student Athlete signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent/Guardian name** (*printed*)

\*I attest that I have received, reviewed, and agree to follow the Parent/Athlete Concussion/Head Injury Education Form and the "Heads up Concussion in High School Sports, A fact sheet for parents" and "Heads up: Preventing Concussion" both from the Centers of Disease Control and Prevention. If at any time I see further information on this topic of clarification I will seek out the coach, school medical staff, or athletic director. If a parent/guardian wishes to speak with the supervising school physician about this topic and a possible concussion/head injury they shall inform the athletic director or medical coverage staff and arrangements will be made you to speak with them.

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
Date