

Shawsheen Valley Technical High School

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SHAWSHEEN VALLEY TECHNICAL HIGH SCHOOL CONCUSSION PRE-PARTICIPATION POLICY/PROCEDURE FOR SPORTS/EXTRA-CURRICULAR ACTIVITIES {105 CMR 201.0}

I, as the parent of (student): _____, I state that I have received, read and fully understand the CDC "Heads Up" Concussion Fact Sheets made available to me by Shawsheen Valley Technical High School. I also have been provided with additional concussion resources for any questions, refresher or reinforcement of the concussion information. I provide my signature along with the information provided on the signed Pre-Participation Form enclosed, as truthful and accurate of my son/daughter's medical history.

Parent signature: _____ Date: _____

I, the student/athlete of Shawsheen Valley THS: _____ state that I have received, read and fully understand the CDC "Heads Up" Concussion Fact Sheets made available to me by Shawsheen Valley Technical High School. I also have been provided with additional concussion resources for any questions, refresher or reinforcement of the concussion information.

Student/Athlete Signature: _____ Date: _____

<https://www.cdc.gov/headsup/index.html>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/sports-related-concussions-and-head-injuries.html>