SHAWSEE 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