

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 Disclosure Form

Pursuant to Massachusetts General Law, Chapter 111, Section 222, "An Act Relative to Safety Regulations of School Athletic Programs", participants of interscholastic athletic programs and their parents, prior to each season, must disclose any information relative to any head injury/concussion history. This information must be shared with the athlete's coach and a copy will be kept on file with the Athletic Director.

Have you ever exhibited signs, symptoms, or behaviors consistent with a concussion/head injury (such as loss of consciousness, headache, dizziness, confusion, or balance problems) during a sporting competition or practice at any level?

_____ YES _____ NO

Have you ever been diagnosed with a concussion, possible concussion, or head injury by a medical professional?

_____ YES _____ NO

If you answered yes to either of the above questions, please list and explain each individual circumstance describing the signs and symptoms, treatments and the date of each incident.

YOG _____

Sport _____

Do you currently have, or ever you ever had athletic participation restrictions in relation to being diagnosed with a concussion?

_____ YES _____ NO

I attest that the above information is accurate to the best of my knowledge, **MUST** be signed by both student and parent/guardian.

Parent/Guardian Name (Print)

Student/Athlete Name (Print)

Parent/Guardian Signature

Student/Athlete Signature

Date

Date