



# Montachusett Regional Vocational Technical School

Montachusett Reg. Vocational Technical School  
1050 Westminster Street  
Fitchburg, Massachusetts 01420-4696

978-345-9200 (Fitchburg Calling Area)  
978-632-8889 (Gardner Calling Area)

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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.

Has the student 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 \_\_\_\_\_

Has the student ever been diagnosed with a concussion, possible concussion, or head injury by a medical professional?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does the student have, or has he/she ever had, athletic participation restrictions in relation to being diagnosed with a concussion

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.

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Student Name: \_\_\_\_\_ Sport \_\_\_\_\_ YOG \_\_\_\_\_

I attest that the above information is accurate to the best of my knowledge.

Form MUST be signed by both parent/guardian and the student.

_____ Student Name (Print)	_____ Student Signature	_____ Date
_____ Parent/Guardian Name (Print)	_____ Parent/Guardian Signature	_____ Date