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I _____ as the legal parent/guardian of
Parent/Guardian Name

_____ have reviewed the following educational
Student Name

materials to comply with Chapter 111 of the Mass General Law S. 2469: AN ACT
RELATIVE TO SAFETY REGULATIONS FOR SCHOOL ATHLETIC PROGRAMS

**To comply with the law you can do one of the online trainings below
OR
Review the fact sheets below.**

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- CDC's "Head's Up Concussions in Youth Sports" online training video
<http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>
 - Brain Injury Association of Massachusetts (BIA-MA) "Play Smart" online
training video <http://www.biama.org/whatdoes/playsmartvideoadult.html>

OR

- CDC's Heads Up Concussions in Youth Sports: A Fact Sheet for Parents,
Athletes, and Coaches
- CDC's Heads Up Concussions in Youth Sports: A Quiz for Coaches, Athletes,
and Parents

Parent/Guardian Signature

____/____/____
Date

Student Athlete Signature

____/____/____
Date

*The mission of Hill View Montessori Charter Public School is to provide a K-8 public education that
promotes academic excellence using the Montessori philosophy.*