



OPIOID ABUSE AWARENESS PARENT AND STUDENT-ATHLETE SIGN-OFF SHEET ~ 2017-2018

This form MUST be returned to the Athletic Director

We have received and reviewed the two pages of opioid abuse awareness information.

Additionally, it has been suggested to us that we should review the information found at the following website:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/injury-prevention/substance-use-disorder.html>

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: ____/____/____ **Relation to student-athlete:** _____

Student-Athlete Name Printed: _____

Student-Athlete Signature: _____

Date: ____/____/____ **Sport:** _____