Oxford High School
Athletic Department 2018-2019

Opioid Abuse Awareness Parent and Student-Athlete Sign-off Sheet

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:** ___________________

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Student-Athlete Name Printed: ____

Student-Athlete Signature: ____

Date: ______/________/_________ **Sport:** ___________________