

St. Bernadette School PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM

In keeping with the requirements set forth in the Massachusetts 105 CMR 201.000, this form must be completed by the student's parent(s) or legal guardian(s). The form must then be submitted to the Athletic Director or School Nurse prior to the start of each athletic season during which, a student plans to participate in an athletic activity. Questions regarding the content of this form can be directed to the Athletic Director or School Nurse.

Student Name: _____ Date of Birth: _____ Grade: _____

Sport(s): _____

Home Address: _____

Telephone: _____

Has the student ever experienced a traumatic head injury?

Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances: _____

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____ Dura

tion of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion:

Parent/Guardian Signature and Date:

Signature: _____

Date: _____

Student Athlete Signature and Date

Signature: _____

Date: _____