



WOODWARD SCHOOL ATHLETIC DEPARTMENT

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent or legal guardian. It must be submitted to the Athletic Director, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name
Date of Birth
Grade
Sport(s)
Home Address
Telephone

Has student ever experienced a traumatic head injury (a blow to the head)?

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

If yes, was student cleared by a medical professional since the noted concussion occurred? Yes _____
No _____

*****IMPORTANT:** If Woodward School does not have documentation of medical clearance, please attach or provide to school nurse or Athletic Director. Student will not be permitted to participate without adequate medical clearance.

Parents that would like a Baseline Concussion Screening for their daughter can make this appointment by contacting Christine Lappalainen, Patient Coordinator to the South Shore Hospital Specialty Clinic, located at 2 Pond Park Hingham, MA. (781) 624- 2566 The cost is \$40.

Parents/guardians of a child who participates in an extracurricular athletic activity and the student athlete are encouraged to participate in concussion training activities. The training program listed below meet the requirements of the regulations. It is on line and available free of charge.

_____ http://www.cdc.gov/concussion/HeadsUp/online_training.html

Please initial after each of the parent/guardian and student athlete have taken the above program, and then sign below that you have viewed one this important training.

Parent/Guardian: Name: _____
Signature _____ Date _____
Student Athlete Signature _____ Date _____

Adapted from: Massachusetts Department of Public Health Pre-Participation Head Injury/Concussion Reporting Form
<http://www.mass.gov/eohhs/docs/dph/com-health/injury/preparticipation-reporting-form.pdf>