

**SOMERSET BERKLEY REGIONAL HIGH SCHOOL**



**SPORTS-RELATED/EXTRACURRICULAR ACTIVITIES  
CONCUSSION MANAGEMENT POLICY AND PROCEDURES**

**Updated and Reviewed: June 16, 2020**

**SOMERSET BERKLEY REGIONAL HIGH SCHOOL**  
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Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research and expert consensus gathering concerning sports related concussion in student athletes. This policy outlines procedures for staff to follow managing concussions, and outlines Somerset Berkley Regional High Schools' policy as it pertains to return to academic and athletic issues after concussion. This policy is based on current research, best practice, and 105 C.M.R. 201.000 and M.G.L. c. 111, § 222. The policy attempts to provide guidance and structure to ensure safe participation in sports.

The Somerset Berkley Regional High School (SBRHS) seeks to provide a safe return to academics and activities for all students after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, this policy has been developed to aid in ensuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, and are fully recovered prior to returning to physical activity. Finally, we state that parental commitment in monitoring the status of the students at home is a critical component to the successful implementation of this policy.

This policy should be reviewed on a yearly basis by the school medical and athletic staff and must, at a minimum, be reviewed every two years. Additionally, the high school student handbook and the athletic department and music department websites will contain information on how to access this policy.

**SBRHS Concussion Policy**

**I. Policy Statement:**

This statement provides the policy and procedures necessary for the prevention, training, management and return to activity decisions regarding students who incur head injuries while involved in sports related/extracurricular activities in order to protect their health and safety.

- A. SBRHS shall have policies and procedures governing the prevention and management of sports-related head injuries. The School Committee has adopted this policy and procedure to govern the prevention and management of sports related head injuries within the high school. This policy will be developed and proposed by the Director of Athletics, and Certified Athletic Trainer (ATC). This policy and procedure specifically addresses sports-related head injuries occurring in sports related/extracurricular activities but may be applied to all head injuries in

students. Review and revision of such policies and procedures shall occur as needed, but at least every two years.

- B. Policy: The person overseeing the policy for SBRHS will be the Principal or his/her Designee.
- C. The Director of Athletics, Director of Bands, Director of Choirs, Nurses, Director of Guidance, a member of the administrative team, Wellness Committee Member and ATC, shall participate in biannual review of the policies and procedures required by 105 CMR 201.006 for the prevention and management of sports-related head injuries within SBRHS.
- D. The Director of Athletics and ATC will provide the Department of Public Health an affirmation on school district letterhead, that it has developed these policies in accordance with 105 C.M.R. 201.00 by:

June 30, 2022; and

Every two years thereafter upon review or revision of the policy.

## **II. Concussion Overview:**

- A. A concussion is a brain injury, which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness to suffer a concussion. A concussion may cause an immediate and typically short-lived impairment of neurologic function. A concussion may cause neuropathologic changes; however, the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury. A concussion may cause a gradient of clinical syndromes that may or may not involve the loss of consciousness (LOC). Resolution of the clinical and cognitive symptoms typically follows a sequential course.
- B. Second Impact Syndrome: A rare phenomenon of diffuse brain swelling with delayed catastrophic deterioration has been labeled “second impact syndrome” due to the belief held by some that it occurs as the result of a second concussion before the effects of the initial concussion have been resolved. While rare, it is catastrophic and a major concern. C. Definition:
  - 1. “Extracurricular Athletic Activity”: As defined by the State of Massachusetts law 105 C.M.R. 201.000 and M.G.L. c. 111, § 222 Head Injuries and Concussions in Extracurricular Athletic Activities means an organized school sponsored athletic activity generally occurring outside of school instructional hours under the direction of a coach, director of athletics, or band leader including but not limited to Alpine and Nordic skiing and snowboarding, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, horseback riding, ice hockey, lacrosse, marching band, rifle, rugby, soccer, show choir, skating, softball, squash, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, unified sports, volleyball, water polo, winter

color guard, winter percussion ensemble, wrestling, and any and all afterschool extracurricular music or athletic related activity not mentioned above. All interscholastic athletics are deemed to be extracurricular athletic activities.

2. "Parent" means the parent or guardian or foster parent of a student.
3. All definitions can be found at 105 CMR 201.005 and M.G.L. c. 111, § 222

### **III. Training:**

- A. The following persons shall annually complete one of the head injury safety training programs approved by the Department of Public Health:
  - All coaches;
  - Certified Athletic Trainers;
  - Volunteers;
  - School nurses, substitute nurses and School physician;
  - Director of Athletics;
  - Director of Bands, Director of Choirs, Theatrical Directors, Color Guard Director, and Percussion Director;
  - At least one parent of a student who participates in an extracurricular activity
  - Students

The required training applies to the above individuals for one school year and must be repeated for every subsequent school year.

- B. In accordance with this requirement of training in the prevention and recognition of a sports- related head injury, and associated health risks including second impact syndrome, each school district employee or volunteer identified above, will complete one of the following online trainings:  
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000> or  
<https://www.cdc.gov/headsup/youthsports/training/>.
- C. Additionally, game officials shall also complete one of the training programs offered by the Department of Public Health annually, and shall provide independent verification of completion of the training upon request from a school or school district .
- D. Annually, on or after July 1st of each school year, the people identified above (other than Student-Athletes and Parents) must supply a certificate of completion to the high school Principal or designee.
- E. Concussion Education for Student-Athletes and Parents:
  1. Each year, student athletes shall be presented with a discussion about concussion at either an athletes' sports night, team discussion or through paperwork requirements (Family ID). The Center for Disease Control's (CDC) "Heads Up: Concussion in High School Sports – A Fact Sheet for

Athletes” (<https://www.cdc.gov/headsup/youthsports/training/>) handout will also be available in the athletic training room (ATR) at school.

2. Prior to their participation in each sports season Parents shall affirm, on Family ID, that they and their son/daughter have taken either the NFHS or CDC online concussion courses.
3. All student-athletes and their parents will sign a statement in which the student-athlete accepts the responsibility for reporting head injuries or concussions during the season to the ATC, coach if the ATC is not present, parents or other health care personnel including signs and symptoms of concussion. (**Please see pg.19** for reporting form/signature acknowledgement required on FamilyID.com.)

#### **IV. Pre-Participation Requirements**

- A. Parents and students must participate in one of the online concussion education trainings described above annually.
- B. Physical Examination:  
All students must meet the physical examination requirements consistent with 105 CMR 200.000 and M.G.L. c. 111, § 222 Physical Examination of School Children prior to participation in competitive athletics. Physical examinations should be turned into the ATC or uploaded to FamilyID for sports only. The ATC then shares them with the high school nurses for entry into the medical records.
- C. Pre-Participation Form:
  1. Parents of students must fill out the Family ID pre-participation / parental permission form that lists the athlete’s history of head injuries/concussions prior to participation each sports season.
  2. This form will be reviewed by the ATC for any positive head injury/concussion and determined if they have been cleared.
  3. All forms or copies are stored in Family ID or turned over to the high school nurses for insertion into the medical records, per regulations; these will be kept for three years.

#### **V. Responsibilities of Individual Personnel**

##### **Maintenance of Records:**

- A. **Nurse leader (or designee), and/or ATC** shall maintain the following records for three years or, at a minimum, until the student graduates:
  1. Pre-participation Forms;
  2. Report of Head Injury Forms;
  3. Medical Clearance and Authorization Forms; and
  4. Gradual re-entry plans for return to full academic and sports related/extracurricular activities.

**B. The Director of Athletics** will be responsible for ensuring that the training requirements for staff, parents, volunteers, coaches, instructors, and ATC are met, recorded, and records are maintained in accord with 105 CMR 201.016 and M.G.L. c. 111, § 222 as it pertains to extracurricular activities.

The Director of Athletics shall also be responsible for:

1. Participating in the development and bi-annual review of the policies and procedures for the prevention and management of sports-related injuries within the school district or school;
2. Completing the annual training requirement;
3. In conjunctions with the ATC, ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms prior to participation each season;
4. Ensuring that Report of Head Injury Forms are completed by the parent, or coach and reviewed by the coach, school nurse, high school ATC, and school physician, if any; and
5. Ensuring that athletes are prohibited from engaging in any unreasonably dangerous technique that endangers the life or safety of an athlete, including using a helmet or any other sports equipment as a weapon.

**C. The Director of Bands, Director of Choirs, Theatrical Directors, Color Guard Director, and Percussion Director** will be responsible for:

1. Participating in the development and bi-annual review of the policies and procedures for the prevention and management of extra-curricular-related injuries within the school district or school;
2. Completing the annual training requirement;
3. Ensuring that the training requirements for staff, parent volunteers, and instructors are met, recorded, and records are maintained in accord with 105 CMR 201.016 as it pertains to the marching band, winter color guard, winter percussion, theatre and show choirs.

**C. Nurse Leader (or designee)** will be responsible for:

1. Participating in the development and bi-annual review of the policies and procedures for the prevention and management of sports and extra-curricular related injuries within the school district or school;
2. Completing the annual training requirement;
3. Ensuring that the training requirements for school nurses, substitute nurses are met, recorded, and records are maintained in accord with 105 CMR 201.016 and M.G.L. c. 111, § 222
4. For ensuring all physical exams are entered in the students' records,

5. For ensuring all head injury forms are entered in the students' medical record folders.
6. Collaborating with ATC in order to review, or arrange for the school physician to review Report of Head Injury Forms and following up with the coach and parent as needed;
7. Maintaining Report of Head Injury Forms in the student's health record;
8. Participating in the graduated re-entry planning for students who have been diagnosed with a concussion to discuss any necessary accommodation or modifications with respect to academics, course requirements, homework, testing, scheduling and other aspects of school activities consistent with a graduated reentry plan for return to full academic and extracurricular athletic activities is being followed.
9. Providing ongoing educational materials on head injury and concussion to teachers and/or staff, and students.

**D. Certified Athletic Trainer:** When a student-athlete has seen a physician, a physician note will be required prior to the return to play clearance. Said note must come from a physician other than an emergency room physician.

The **Certified Athletic Trainer**, if on staff, shall be responsible for:

1. Participating in the development and biannual review of the policies and procedures for the prevention and management of sports-related injuries within the school district or school;
2. Completing the annual training requirement;
3. Reviewing information from Pre-participation Forms, which are logged and maintained electronically that indicate a history of head injury and from Report of Head Injury Forms, to identify students who are at risk for repeated head injuries;
4. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play; and
5. Participating in the graduated return to play planning and implementation for students who have been diagnosed with a concussion;
6. Collaborating with Nurse Leader (or Designee) in order to review, or arrange for the school physician to review Report of Head Injury Forms and following up with the coach and parent as needed;
7. Maintaining the Pre-participation Grids including the number of lifetime concussions per athlete.
8. Ensuring that all students participating in extracurricular athletic activities have completed and submitted Pre-participation Forms prior to participation each season;

9. Ensuring that Report of Head Injury Forms are completed by the parent, or coach and reviewed by the coach, school nurse, high school ATC, and school physician, if any; and
10. Ensuring that athletes are prohibited from engaging in any unreasonably dangerous technique that endangers the life or safety of an athlete, including using a helmet or any other sports equipment as a weapon.

#### **E. Coaches:**

The coaches shall be responsible for:

1. Completing the annual training requirement;
2. Checking the ATC's clearance grid to make sure students have an approved and up to date pre-participation physical on file prior to participation in their program.
3. Reviewing the Pre-participation Grids, so as to identify those athletes who are at greater risk for repeated head injuries;
4. Completing the Head Injury Form and/or consulting with ATC upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
5. Transmitting promptly the Pre-participation Forms and Report of Head Injury Forms to the ATC who will then forward it to the school nurse for review and maintenance in the student's health record;
6. Teaching techniques aimed at minimizing sports-related heading injury;
7. Discouraging and prohibiting athletes from engaging in any unreasonably dangerous athletic technique that endangers the health or safety of an athlete, including using a helmet or any other sports equipment as a weapon; and
8. Identifying athletes with head injuries or suspected concussions that occur in practice or competition and removing them from play.

#### **VII. Common Signs and Symptoms of Sports-Related Concussions Include but are not Limited to:**

- A. Signs (observed by others):
  1. Student appears dazed or stunned
  2. Confusion (about assignment, homework, plays, etc.)
  3. Forgets assignments, homework, plays
  4. Unsure about game, score, opponent
  5. Moves clumsily (altered coordination)
  6. Balance problems
  7. Personality change
  8. Responds slowly to questions
  9. Forgets events prior to trauma
  10. Forgets events after the trauma



11. Loss of consciousness (any duration)

B. Symptoms (reported by student)

1. Headache
2. Fatigue
3. Nausea or vomiting
4. Double vision, blurry vision
5. Sensitive to light or noise
6. Feels sluggish
7. Feels “foggy”
8. Problems concentrating
9. Problems remembering

C. It is important to review medical history and baseline symptoms from screening/baseline.

**VIII. Suspected Head Injury/Concussion A.**

**Exclusion from Play:**

1. Disqualifying an athlete - Any extracurricular athletic activity participant who sustains a head injury or suspected concussion, or exhibits signs and symptoms of a concussion, or loses consciousness, even briefly, while participating with any school athletic team will be removed from the remainder of the event and not allowed to return to the practice or competition that same day.
  - a. The student will not return to practice or competition before completing a graduated return to play program described below.
2. The ATC will evaluate the participant for a concussion.
3. The student shall not return to practice or competition unless and until the student provides medical clearance and authorization, as described below.
4. Any athlete, who shows concussion signs and/or symptoms, must have their parent notified by the coach or ATC. The coach shall communicate the nature of the injury directly to the parent in person or by phone immediately after the practice or competition in which a student has been removed from play for a head injury, suspected concussion, signs and symptoms of a concussion, or loss of consciousness.
5. A post concussion care instruction sheet shall be given to the student-athlete or parent. Student-athletes should not drive if concussion is suspected. Alternative transportation should be coordinated by the injured student-athlete, parents, coaches, ATC and/or athletic director.

6. The parents should be advised, if needed, to contact the athlete's primary care physician, or seek care at the nearest emergency department, on the day of the injury.
7. The coach must also provide this information to the parents in writing, whether paper or electronic format, by the next business day.
8. The coach or ATC will complete the Report of Head Injury Form upon identification of a student with a head injury or suspected concussion that occurs during practice or competition;
9. The coach or his or her designee will promptly, by the end of the next business day, transmit the Report of Head Injury Forms to the ATC who will then forward it to the school nurse for review and maintenance in the student's health record;
10. The student should be released only to the direct supervision of the parent unless arrangements have been made between the ATC/head coach and the parent; and
11. The parent will be advised to seek medical treatment for the student.

#### **B. Emergency Referral:**

1. If present at the practice or competition, the ATC will determine whether a student should be referred for emergency medical evaluation.
2. In the Absence of a ATC:
  - a. Any student-athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded by appropriate medical personnel and transported immediately to the nearest emergency department via emergency medical vehicle.
  - b. Any student-athlete who has symptoms of a concussion, and who is not stable (i.e., condition is changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
  - c. Any student-athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle.
    - i. Deterioration of neurological function
    - ii. Decreasing level of consciousness
    - iii. Decrease or irregularity in respirations
    - iv. Decrease or irregularity in pulse
    - v. Unequal, dilated, or unreactive pupils
    - vi. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding

- vii. Mental status changes: increasing lethargy, confusion or agitation and/or difficulty maintaining arousal
  - viii. Seizure/posturing activity
  - ix. Vomiting after sustaining a potentially concussion-causing injury.
- d. The coach/athletic director should contact the ATC to advise him/her of the injury.
- e. Any student-athlete who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department, on the day of the injury.
- f. Give parents the option of emergency transportation, even if you do not feel it is necessary.

#### **IX. Procedures After Concussion:**

- A. Returning to play on the same day of injury; a student-athlete who exhibits signs or symptoms of concussion shall not be permitted to return to play on the day of the injury.
- B. "WHEN IN DOUBT, HOLD THEM OUT." Any student-athlete who denies symptoms but has abnormal sideline cognitive testing will be held out of the activity.
- C. Each student who is removed from practice or competition for and subsequently diagnosed with a concussion shall have a written graduated reentry plan for return to full academic and extracurricular activities by a physician. See Section X of this policy for more information regarding graduated reentry plans.
- D. Medical Clearance and Authorization to Return to Play
  - 1. Each student who is removed from practice or competition for a head injury or suspected concussion, or loses consciousness, even briefly, or exhibits signs and symptoms of a concussion, shall obtain and present to the certified athletic trainer, unless another person is specified in school policy or procedure, a Post SportsRelated Head Injury Medical Clearance and Authorization Form. This form must be completed by one of the following individuals:
    - a) A duly licensed physician;
    - b) A duly licensed certified athletic trainer in consultation with a licensed physician;
    - c) A duly licensed nurse practitioner in consultation with a licensed physician; or

- d) A duly licensed neuropsychologist in coordination with the physician managing the student's recovery.
2. Currently, physicians, nurse practitioners, ATCs and neuropsychologists providing medical clearance for return to play must verify that they have received Department of Health-approved training in post-traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.
3. The ultimate return to play decision is a medical decision that may involve a multidisciplinary approach, including consultation with parents, the school nurse and teachers as appropriate.
4. SBRHS staff shall have the final say on return to athletic participation.

## **X. Gradual Return to Athletics and Academics**

A. Each student who is removed from practice or competition for and subsequently diagnosed with a concussion shall have a written graduated reentry plans for return to full academic and extracurricular activities. Students must complete a graduated return to play program before returning to participation in extracurricular activities. Medical clearance for participation can only be provided after the student completes a graduated return to play and shows no recurrence of symptoms.

1. The academic plan may be developed by:
  - a) The student's teachers;
  - b) Members of Guidance
  - c) School nurses
  - d) Neuropsychologist if available or involved;
  - e) Parent if needed;
  - f) Intervention team
  - g) In consultation with the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
2. The written plan shall include instructions for students, parents, school personnel, addressing but not limited to:
  - a) Physical and cognitive rest as appropriate;
  - b) Graduated return to extracurricular activities and classroom studies as appropriate, including accommodations and modifications as needed;
  - c) Estimated time intervals for resumption of activities;
  - d) Frequency of assessments, as appropriate, by the school nurse, school physician, if on staff or neuropsychologist, if available, until full return to classroom activities and extracurricular activities are authorized; and

- e) A plan for communication and coordination between and among school personnel and between the school, the parents and the student's primary care provider or the physician who made the diagnosis or who is managing the student's recovery.
3. The student must be completely symptom free and medically cleared as defined in Section IX (C) above, in order to begin a graduated reentry plan to extracurricular activities.
4. Progression will be individualized and will be determined case by case
5. A six step process will be used to clear an athlete for return to play:
  - Step 1: Light aerobic exercise (stationary bike, elliptical)
  - Step 2: Moderate aerobic exercise (light running)
  - Step 3: Functional exercise (increased running, being agility)
  - Step 4: NON-contact practice activities.
  - Step 5: Full contact practice (no game/scrimmage)
  - Step 6: Full game participation
6. All the requirements of the graduated reentry program must be met with each individual step completed within a 24-hour period. All steps must be completed in their entirety before approval from the ATC.
7. Stages 1 – 3 are to be supervised directly by the ATC. The team coach can supervise step 4 after he/she has received specific instructions from the ATC.
8. Progression through the graduated return to play steps is to be approved by the ATC only, and not left up to the coach.
9. The student-athlete should see the ATC daily for re-assessment and instructions until he/she has progressed to unrestricted activity, stage 6. This daily monitoring should continue until the concussion has resolved regardless of whether or not the student-athlete's season has ended.
10. Coaches should be instructed to be aware that the ATC will be providing such guidance and should not allow the student-athlete to participate in any activities until the student has effectively completed the graduated return to play program and received medical clearance.
11. **Note: If the student-athlete experiences post-concussion symptoms during any stage, activity should cease and until symptoms have again resolved. The school staff should communicate to the physician or health care provider who provided medical clearance that the student is not symptom free. If the athlete is still having symptoms, he or she is not ready to begin or continue the graduated return to play program.**

12. Gradual Return to Academics: A graduated re-entry to academics must be met prior to re-entry to athletic competition.

13. Potential Accommodations/Modifications for Students with Concussion (Traumatic Brain Injury)

Visual Problems:

- Provide written information in large print
- Change fluorescent lights to high intensity, white lights
- Seat the student near a window with natural light
- Provide a glare guard for computer monitors

Physical Arrangement of a room:

- Preferential seating to optimize attention and concentration
- Avoid distracting stimuli such as ventilation or air conditioner
- The distance between the desks or tables so that movement is easier

Maintaining Concentration:

- Divide large assignments into smaller tasks and steps
- Allow student to have frequent breaks
- Distractions to a minimum
- Tests orally
- Give short quizzes rather than summative tests
- Simplify complex directions
- Have the student repeat directions back to the teacher
- Allow student to dictate responses to tests or quizzes
- Gain student's attention before speaking
- Provide verbal and written instructions

Organization:

- Have the student make to-do lists and check them off as they are completed
- Use a peer note taker
- Encourage the use of a daily planner
- Accompany homework with written instructions
- Have student turn all of his or her work to one place; all homework to homeroom teacher who then distributes it to others

Memory:

- Provide study guides for tests and quizzes
- Provide the student with a copy of the class notes
- Provide the student with an outline for taking notes
- Allow student to use a computer or Alphasmart to complete assignments, take

- notes or complete homework
- Encourage the use of highlighters
- Provide repetition of instruction
- Ask student to repeat information to confirm comprehension
- Provide visual aids
- Allow for the electronic recording of assignments and homework
- Provide word banks for test taking

Processing:

- Allow additional time for in-class assignments
- Reduce the amount of homework
- Allow more time for the student to respond (wait time)

Assistive Technology:

- Highlighting pen or tape
- Slant board
- Personal dry erase board
- Tape recorder with headphones
- Calculator with large print display and/or keypad
- Electronic dictionary/thesaurus
- Portable word processor

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MCAS:

Please see the link below regarding DESE guidelines for a student with post-concussion symptoms who is participating in MCAS:

<http://www.doe.mass.edu/mcas/accessibility/concussions.html>

**Section 504**

SBRHS Administration Staff may be responsible for developing a Section 504 Plan for a student with post- concussion symptoms. Temporary medical conditions, including concussion-related symptoms, are generally not a disability, unless it results in a substantial limitation of one or more major life activities for an extended period of time. An individual is not an individual with a disability if the impairment is transitory and

minor. A transitory impairment is generally impairment with an actual or expected duration of 6 months or less. When the school has reason to believe that a student has a concussion or brain injury that may last more than six months, the student should be referred to a Section 504 Team for a determination of eligibility under Section 504.

When the district has reason to believe that the concussion-related symptoms are not temporary or transitory (as outlined above), the current 504 policy will be followed for the student. The Section 504 evaluation process may result in a Section 504 Accommodation Plan, with individual determinations made by a group of knowledgeable persons, which may include nurses, guidance, and teachers with input from the physicians and parents based on the individual symptoms of the student SBRHS will strive to make re-entry to school a plan for success.

If a student is determined eligible for a 504 plan all of the student's teachers will have knowledge of the plan in order to allow the student a full recovery.



The Commonwealth of Massachusetts Executive Office of Health and Human Services  
Department of Public Health 250 Washington Street, Boston, MA 02108-4619

**CHARLES D. BAKER Governor**

**KARYN E. POLITO Lieutenant Governor**

**MARYLOU SUDDERS Secretary**

**MONICA BHAREL, MD, MPH Commissioner**

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

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School 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: \_\_\_\_\_

Parent/Guardian:

\_\_\_\_\_  
Signature/Date

(Please print)

Student Athlete:

\_\_\_\_\_  
Signature/Date

(Please print)

The Commonwealth of Massachusetts Executive Office of Health and Human Services  
Department of Public Health 250 Washington Street, Boston, MA 02108-4619

**CHARLES D. BAKER Governor**

**KARYN E. POLITO Lieutenant Governor**

**MARYLOU SUDDERS Secretary**

**MONICA BHAREL, MD, MPH Commissioner**

**REPORT OF HEAD INJURY DURING SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school and reviewed by the school nurse.

**For Coaches:** Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a possible concussion.

**For Parents/Guardians:** Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School Sport(s):  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Did the incident take place during an extracurricular activity? \_\_\_\_ Yes \_\_\_\_ No

If so, where did the incident take place?  
\_\_\_\_\_

Please describe nature and extent of injuries to student:

For Parents/Guardians: Did the student receive medical attention? yes \_\_\_\_ no \_\_\_\_ If yes, was a concussion diagnosed? yes \_\_\_\_ no \_\_\_\_

***I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT. Please circle one: Coach or Marching Band Director Parent/Guardian*** Name of Person

Completing Form (please print):

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CLEARANCE AND AUTHORIZATION FORM**

This medical clearance should be only be provided *after* a graduated return to play plan has been completed and student has been symptom free at all stages. ***The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.***

Student's Name	Sex	Date of Birth	Grade

Date of injury: \_\_\_\_\_

Nature and extent of injury:  
\_\_\_\_\_

Symptoms (check all that apply): No symptoms at this time

- Nausea or vomiting                       Headaches                       Light/noise sensitivity
- Dizziness/balance problems     Double/blurry vision             Fatigue
- Feeling sluggish/"in a fog"     Change in sleep patterns     Memory problems
- Difficulty concentrating             Irritability/emotional ups & downs
- Sad or withdrawn                       Other

Duration of Symptom(s): \_\_\_\_\_

Diagnosis: Concussion    Other: \_\_\_\_\_

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: \_\_\_\_\_

Prior concussions (number, approximate dates):  
\_\_\_\_\_

Name of Physician or Practitioner: \_\_\_\_\_

- \_\_\_\_\_     Certified Athletic Trainer     actitioner     Neuropsychologist

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Physician providing consultation/coordination (if not person completing this form):  
\_\_\_\_\_

***I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY AND ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF***

***PUBLIC HEALTH\* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.***

Physician or Practitioner signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please indicate type of clinical training received (optional):*

DPH Clinical Training       On-line Training       Other

(Describe) \_\_\_\_\_

\*By September 2013, physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall verify that they have received Department-approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education. This MDPH approved Clinical Training can be found at:

[www.mass.gov/dph/sportsconcussion](http://www.mass.gov/dph/sportsconcussion)