

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

This form should be completed by student's parent/guardian. It must be submitted to the Athletic Director/Marching Band Director or official designated by the school, prior to the start of each season that a student plans to participate in an extracurricular athletic activity/marching band.

Student's Name _____ Sex _____ Date of Birth _____

Grade _____ Sport/Activity _____

Home Address _____ Phone _____

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) _____

Please describe the circumstances: _____

Was the student diagnosed with a concussion? Yes ___ **No** ___

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

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

Parent/Guardian: Name: (Please print) _____

Parent/Guardian: Signature/Date _____

Student: Signature/Date _____

PLEASE COMPLETE BOTH SIDES

Concussion/Traumatic Brain Injury

Proof of Education

It is required, by law, that all participating student athletes/marching band members and at least one parent/guardian show proof of completion of a head injury safety training program, either a Massachusetts Department of Public Health approved training or through written materials prepared by the Stoughton Public School District.

Minimum Requirements (1 or 2) (Please initial appropriate training)

1. Has carefully read & reviewed Stoughton Public School TBI guidelines & CDC “Heads Up” Fact sheets Athletes and Parents _____ Student _____ Parent

AND / OR

2. The NFHS “Concussions in Sports – What You Need To Know” online tutorial, and has included completion code in the space below. _____ Student _____ Parent

NFHS Website link to take Concussion Certification Course (30-45 minutes in length)
<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

*You will need to provide your email address & create a password to complete this.
Completion Code (NFHS Online Course)*

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____