

Martha's Vineyard Elementary Schools/ Nursing Department

Pre-Participation Head Injury/Concussion Form

Student's Name: _____

Date of Birth: _____ Grade: _____

Massachusetts legislation requires Martha's Vineyard Elementary Schools to obtain a concussion history from each student participating in athletics. This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the school nurse, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

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:

Martha's Vineyard Elementary Schools may release medical information regarding any head injury and concussion history to my child's primary care physician, neurologist, or other treating physician. I understand that general information about the injury and concussion history may be provided to my child's guidance counselor, teachers, and coaches, on a need to know basis, for the purposes of providing temporary academic/activity modifications, if necessary.

I have received and read the CDC concussion fact sheets provided to me by Martha's Vineyard Elementary Schools.

Student's Name _____

Student's Signature _____ Date _____

Parent's Name _____

Parent's Signature _____ Date _____