



The Commonwealth of Massachusetts
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**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.

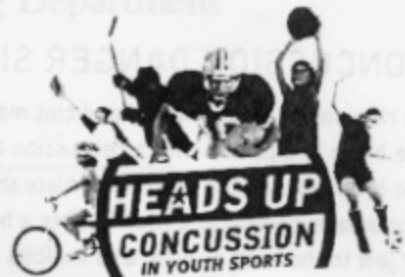
Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

Most concussions occur without loss of consciousness.

Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.

Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (*even briefly*)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETES

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Head Injury Policy

In order to protect the health and safety of students and to comply with the law and regulations, the Martha's Vineyard Regional High School (MVRHS) has developed the following policy to provide standardized procedures for persons involved in the prevention, training, management and return-to-activity decisions regarding students who incur head injuries.

The Athletic Director will be responsible for the implementation of these policies and procedures for the athletic department.

Annual training is required for those specified below in the prevention and recognition of a sports-related head-injury, and associated health risks including second impact syndrome. MVRHS will maintain records of completion of annual training. The Massachusetts Department of Public Health (DPH) approved training materials will also be available to all faculty and staff.

1. Coaches
2. Certified Athletic Trainers
3. Volunteers
4. School and Team Physicians
5. School Nurses
6. Athletic Directors
7. Directors responsible for a school marching band, whether employed by a school district or serving in such capacity as a volunteer.
8. Parents of students who participates in an extracurricular athletic activity.
9. Students who participate in an extracurricular athletic activity.

Parents and students are responsible for completion of the Pre-participation forms including the Report of Head Injury Form. No student athlete will be allowed to participate in athletic activities until all forms, including sports physical examinations, are signed and submitted to the school nurse or athletic trainer.

The following procedures will be developed to comply with the requirements of the law and regulations.

1. A copy of this policy will be included in the MVRHS student handbook.
2. Seasonal review of all sports physicals and pre-participation head injury/concussion reporting forms that are submitted by the parent/guardian.
3. Obtaining and reviewing Report of Head Injuries (during sports season) Forms.
4. System for reporting head injuries.
5. Identifying head injury, removing from participation, and making a medical referral.

6. Returning to participation following head injury
7. Creating academic accommodations as needed.
8. Parent/Guardian notification of head injury.
9. Translation of forms, as requested, for the non-English speaking student and parents.
10. Sharing information about a head injury to the appropriate personnel.
11. Education of prevention techniques of sport related head injuries for coaches and volunteers.
12. Ramifications of failure to comply with MVRHS Head Injury Policy.
13. Computerized neurocognitive baseline testing will be mandatory for all athletes.

The Athletic Director will be responsible for the implementation of these policies and procedures for the athletic department.

{Adoption Date}

Annual training is required for those specified below in the prevention and recognition of a sports-related head-injury, and associated health risks including second impact

LEGAL REFS: 105 CMR 201.000 records of completion of annual training. The Massachusetts Department of Public Health (DPH) approved training materials will also be available to all faculty and staff.

1. Coaches
2. Certified Athletic Trainers
3. Volunteers
4. School and Team Physicians
5. School Nurses
6. School PE

1st Reading
2nd Reading
3rd Reading

Martha's Vineyard Elementary Schools/ Nursing Department

Pre-Participation Head Injury Form

Student's Name: _____

Date of Birth: _____ Grade: _____

Massachusetts legislation requires Martha's Vineyard Elementary School 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 School 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 School.

Student's Name: _____ Parent's
Name: _____

Student's Signature: _____ Parent's
Signature: _____

Date: _____

Date: _____