

Parents/ Guardian Sign off Page

Parents/Guardian Information

In this program BHR will be closely working with Bröckton Hospital under the care of Dr. Dan Muse and Dr. Kenneth Lawson. Both of these Doctors are certified in dealing with concussions, and concussion management.

In the event your child suffers from a concussion during a sporting event. You as the parent /guardian will be properly guided by the athletic trainer on what to expect, what to do and recommendations.

BHR will not let any student athlete "return play" on a sport team without a note from a License Medical Doctor, **who is experienced in Concussions Diagnosis and Management."**

- BHR also holds the right to hold a player even though a doctors note has been passed in
- BHR also hold the right to request a second opinion from a Medical Professional who is experienced in Concussions diagnosis and management."

Forms and Physicals are Due
1st Day of Practice

Schools may offer one of the following on-line trainings: the Centers for Disease Control's (CDC) *Heads Up Concussion* training or the National Federation of State High School Association's (NFHS) *Concussion in Sports – What You Need to Know* training. Schools may use the agenda and attendance roster as a record of verification for participants who are trained in this type of group setting.

Alternatively, schools may use DPH approved written training materials to meet the training requirement. The versions for parents and students are available in English and Spanish. If schools distribute these training materials to parents and students at a pre-season meeting, all parents and students should be asked to sign an acknowledgement verifying that they have reviewed the written materials.

The on-line courses can be found at:

- http://www.cdc.gov/concussion/HeadsUp/online_training.html
- <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

The written materials can be found at:

- Student athletes:
 - http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet-a.pdf
 - http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet_Spanish-a.pdf
- Parents:
 - http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf
 - http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet_Spanish-a.pdf
- Coaches:
 - http://www.cdc.gov/concussion/pdf/Coach_Guide-a.pdf
 - http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf
- School nurses: <http://www.cdc.gov/concussion/HeadsUp/schools.html>

5. We would like to have our certified athletic trainer provide the required concussion training to all of our coaches and athletic staff – is that allowed?

Currently, DPH has identified two free, on-line courses that meet the training requirements. CDC written training materials may also be used to meet the training requirement. (See above.) If the certified athletic trainer uses these materials as part of their presentation, that would meet the requirements of the regulations.

DPH is developing criteria that will allow designation of other courses or training to meet the requirements of the regulations. However, until those criteria are available you can meet the training requirements by distributing the relevant CDC educational materials, geared toward coaches, in addition to the in-person training your certified athletic trainer will provide.

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

**PRE-PARTICIPATION HEAD
INJURY/CONCUSSION REPORTING FORM
FOR EXTRACURRICULAR ACTIVITIES (Worksheet 2)**

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:

Name: _____
Signature/Date _____
(Please print)

Student Athlete:

Signature/Date _____

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 participate in an extracurricular athletic activity.

Parents/ Guardian Sign off Page (Worksheet 1)

After reading the above information and performing the requirements set forth by the Commonwealth of Mass and Blue Hills Regional Technical High School, please sign below acknowledging that you have completed the Massachusetts Interscholastic Athletic Head Injury Training and received the certificate of completion. Blue Hills may ask you to provide this certification, for reporting purposes to the state. This form must be signed and collected in order for your student to participate in any athletic or extra curricula activities.

As a parent / guardian/ Player, Please sign this page and pass the page into the head coach of the perspective sport in order to verify the requirements have been met by you.

Thank you the BHR Athletics

Name of Sport: _____ Head Coach _____

Season: Fall Winter Spring (Please Circle 1)

Players Name (Print) _____

Players Signature _____

Parent/Guardian Name (Print) _____

Parent /Guardian Signature _____