



THE WOODWARD SCHOOL ATHLETIC DEPARTMENT

Pre-Participation Head Injury/Concussion Reporting Form

for Extracurricular Athletic Activities

This form should be completed by the student's parent(s) or legal guardian(s). Please **submit this form to the Athletic Director, Bob Giordano, bgordano@thewoodwardschool.org, prior to the start of each season** a student plans to participate in an extracurricular athletic activity.

Student Information

Student's name	Gender	Date of birth	Grade
Parent/Guardian Name:	Phone number:		
Student's Home Address:	Sport(s):		

<p>Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____</p> <p>If yes, when? Dates (month/year):</p>
<p>Has student ever received medical attention for a head injury? Yes _____ No _____</p> <p>If yes, when? Dates (month/year):</p> <p>If yes, please describe the circumstances:</p>
<p>Was student diagnosed with a concussion? Yes _____ No _____</p> <p>If yes, when? Dates (month/year):</p>
<p>How long did symptoms last for the most recent concussion? (i.e., headache, difficulty concentrating, fatigue)</p>
<p>If yes, was the student cleared by a medical professional since the reported concussion occurred? Yes _____ No _____</p> <p>IMPORTANT: If student has had a concussion, clearance by a medical profession is REQUIRED. Students will NOT be permitted to participate without adequate medical clearance.</p> <p>Please attach documentation to this form or submit to the Athletic Director. Post Sports-Related Health Injury Medical Clearance and Authorization Form may be found on our website, www.thewoodwardschool.org, under Student Info > > Back to School Info >> Wildcats Athletics</p>

<p>Parents who would like a Baseline Concussion Screening may do so by visiting Convenient MD Urgent Care (Locations: Quincy, Weymouth, Dedham, or Pembroke). Walk In appointments welcome. The cost is typically \$10.</p> <p>It is important for parents and students to learn the signs, symptoms, and dangers of sports-related head injuries and the elements of a safe return to play. Any student who participates in an extracurricular school activity and their parent or legal guardian must take the DPH-approved annual training every year. FREE Online DPH approved trainings can be found at: https://www.mass.gov/service-details/concussion-trainings</p> <p style="text-align: center;"><i>*NOTE: There are multiple options listed. You are only required to complete ONE of these</i></p> <p>(Please Check) _____ I certify that the individuals signed below have taken a DPH approved training</p>		
Parent/Guardian (PRINT NAME):	SIGNATURE:	Date:
Student Athlete (PRINT NAME):	SIGNATURE:	Date:

