

THE BROMFIELD SCHOOL

14 Massachusetts Avenue • Harvard, Massachusetts • 01451
(978) 456-4152 • FAX (978) 456-3013

Mr. James F. O'Shea
Principal

Mr. Scott M. Hoffman
Associate Principal

PARENT/ATHLETE HEAD INJURY DISCLOSURE FORM

Pursuant to Massachusetts General Law, Chapter 111, Section 222, participants of interscholastic athletic programs and their parents prior to each season must disclose any information relative to any sports head injury history. **This information must be shared with the athlete's coach(s) and a copy will be kept on file in the office of the School Nurse.**

Have you ever exhibited signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) at any level?

_____ YES _____ NO

Have you ever been diagnosed with a concussion?

_____ YES _____ NO

If yes to either of the above questions, please list and explain each individual circumstance (sign, symptom or behavior followed by date of incident)

Do you currently have or have you ever had athletic participation restrictions in relation to being diagnosed with a concussion?

_____ YES _____ NO

I have taken the free mandatory on-line course "Concussion in Sports: What you need to know"
(See school website for link)

Parent _____(initial)

Student Athlete _____(Initial)

I attest under penalty of law that the above information is accurate to the best of my knowledge.

Parent/Guardian Signature

Student Athlete Signature

Parent/Guardian Name (Print)

Student Athlete Name (Print)

Date

Date