



BISHOP CONNOLLY HIGH SCHOOL

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Fall River, MA 02720
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CONCUSSION REPORTING FORM

(Must be completed every sports season)

_____	_____	_____	L.E.A.P.	FR	SO	JR	SR	
FIRST NAME	LAST NAME	DATE OF BIRTH		CLASS YEAR				
_____							M	F
SPORT							GENDER	

Concussion Policy

In compliance with Massachusetts Concussion Law (Chapter 166 of Acts of 2010), student-athletes and their parents, coaches, athletic directors/trainers, school nurses, and physicians must learn about consequences of head injuries and concussions through training programs and written materials. **The law requires that athletes and their parents inform the school about prior head injuries at the beginning of the season.** Subsequently, the Bishop Connolly Athletics Department requires the following mandates from student-athletes and their parent/guardian concerning head injury and concussion.

1. All student-athletes and their parent/guardian must read the concussion policy in the Student/Parent Handbook.
2. Student-athlete and parent/guardian are to sign this form, authorizing they have accurately reported history of concussion or head-related injury concerning the student-athlete.
3. Student-athlete and parent/guardian will attend the yearly concussion education meeting before the start of the school year.

Concussion History

Have you ever sustained a head, face or neck injury/concussion? (Circle one)	YES	NO
Was this injury diagnosed by a physician? (Circle one)	YES	NO
If yes, please explain each occurrence and list the date of the injury.	Date	

_____	_____
_____	_____
_____	_____

Parent/Guardian Concussion Statement

By authorizing this form, I have become aware of concussion laws and understand information concerning sports-related head injury and concussion.

I agree to report any head, face, or neck injury sustained by my child immediately to the school athletic trainer and/or the athletic director.

In addition, I am aware of my responsibility in accurately reporting concussion history and am aware of my overall responsibility in the role of concussion management.

_____	_____
PARENT/GUARDIAN SIGNATURE	DATE

_____	_____
STUDENT SIGNATURE	DATE