



**DEPARTMENT OF ATHLETICS**  
**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 offices of the Director of Athletics and will be reviews by 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) during a sporting competition 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)

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

\_\_\_\_\_ YES

\_\_\_\_\_ NO

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Athlete/Participant Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Athlete/Participant Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date