

## **Dedham Athletic Department Concussion Statement**

Due to a recent ruling in the state of Massachusetts regarding concussion safety in sports, all Dedham athletes involved in contact sports, along with their parent(s)/guardian(s), must go to a website to review important information regarding concussions and traumatic brain injuries (TBI) and provide a medical history of all past concussion and neck injuries.

Athletes along with their parents, involved in a contact sport must visit the website <http://www.nfhslearn.com/> and read the information available about traumatic brain injuries, including prevention, recognition, and care. The information on this site is intended to increase awareness about the dangers of brain injuries and to educate athletes and parents about the biology behind concussions, common signs and symptoms, and the proper steps to ensure safety upon return to play. You must send in your certificate that the website provides at the end of the program.

The risk for sustaining a concussion is present in all sports, especially contact and collision sports. Concussions result in a variety of symptoms and many times do not involve a direct blow to the head, or a loss of consciousness. Please review the information on the CDC website and return this form to your coach, signed and dated by the start of the season.

### **MEDICAL HISTORY OF CONCUSSION, SPINE AND NECK INJURIES DEDHAM HIGH SCHOOL**

The State of Massachusetts is requiring all schools to provide concussion training to parents, student-athletes, coaches, nurses, and administrators. The law also requires schools to keep records of all head and neck injuries sustained by students. Please complete this form as part of the regulations on concussion law.

1. Has your son/daughter ever sustained an injury to their neck, head, or spine?

2. If the answer to question #1 is yes please describe what the diagnosis of the injury was and if medical assistance was needed for the injuries. Include dates, and how the person was injured and what if any limitations were placed upon them for participation in sport or physical activity

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Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

3. The risk for sustaining a concussion is present in all sports, especially contact and collision sports. Concussions result in a variety of symptoms and many times do not involve a direct blow to the head, or a loss of consciousness.

I have read and understand the information about biology, recognition, and treatment, and dangers of concussions at and understand the risk of traumatic brain injuries in contact sports. I also have provided accurate information concerning my child's concussion/neck injury history.

Parents Signature/  
Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
I have read the education program and understand the student's obligation of playing by the rules of the sport.

Student athlete Signature: \_\_\_\_\_ Sport: \_\_\_\_\_

*You will be required to complete this form for each season your child participates in sports at the high school level.*

[www.cdc.gov/TraumaticBrainInjury/](http://www.cdc.gov/TraumaticBrainInjury/)  
<http://www.miaa.net/studentparentinfo.htm>  
<http://www.nfhslearn.com/>