



Oak Bluffs School

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Dr. Megan Farrell
Principal

Carlin Hart
Assistant Principal

Jean Neble
*Administrator of
Student Services 5-8*

Lianne deBettencourt
Guidance Counselor

Lana Schaefer
School Nurse

Martha's Vineyard Elementary Schools/Nursing Department
Pre-Participation Head Injury Form

Student Name: _____
Date of Birth: _____ Grade: _____

Massachusetts legislation requires Martha's Vineyard Elementary Schools to obtain a concussion history from each student participating in athletics. This form should be completed by the student's parent/guardian. It must be submitted to the school nurse prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____
If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes _____ No _____
If yes, when? Dates (month/year) and please describe the circumstances: _____

Was the student diagnosed with a concussion? Yes _____ No _____
If yes, when? Dates (month/year): _____
Duration of the symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion: _____

Martha's Vineyard Elementary School may release medical information regarding any head injury and concussion history to my child's primary care physician, neurologist or other treating physician. I understand that general information about the injury and concussion history may be provided to my child's guidance counselor, teachers and coaches on a need to know basis, for the purposes of providing temporary academic/activity modifications, if necessary.

I have received and read the CDC concussion fact sheets provided to me by Martha's Vineyard Elementary School.

Student Name: _____ Parent Name: _____

Student Signature: _____ Parent Signature: _____

Date: _____