

ATHLETICS FORMS

Match Charter Public School (“Match”) requires completion of all steps detailed below before a student will be granted permission to participate in Match Athletics:

- I. Parents/guardians/students must take the following actions yearly, **before the start of an athlete’s FIRST sports season (i.e. fall, winter, spring) of the school year:**
 1. Review written educational materials that have been provided by Match related to concussions, and sign and submit to the Athletic Director the *Match Athletics Participation Parental Consent and Certifications Form* (page 2); and
 2. ensure that the student has documentation of a recent (within last 12 months) physical examination on file with the school nurse.

- II. Parents/guardians/students must ALSO take the following action **before the start of EACH sports season:**
 1. Complete, sign, and submit to the Athletic Director the *Pre-Participation Head Injury/Concussion Reporting Form* (page 3).

- III. On an ongoing basis *as needed*, Parents/guardians/students must:
 1. In the event that an athlete sustains a head injury during the season, but not while participating in a Match-affiliated extracurricular athletic activity, **complete and submit to the Athletic Director** the *Report of Head Injury During Sports Season Form* (page 4).
 2. In the event that an athlete is removed from play due to a sports-related head injury, **ensure that a qualifying medical professional completes and submits to the Athletic Director** the *Post Sports-Related Head Injury Medical Clearance and Authorization Form* (page 5).

If the Athletic Director does not receive all required forms, the student will NOT be allowed to participate in practices or games. Thank you for your cooperation promptly follow these requirements so that teams may begin practices as soon as possible.

Thank you for your cooperation.

Sincerely,

The Athletic Department



Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Community Day
100 Poydras Street
Hyde Park, MA 02136
Ph: (617) 983-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Athletics Participation Parental Consent and Certifications Form

I, _____, the undersigned (father, mother, or legal guardian) of _____ (student name) do hereby consent to his/her participation in voluntary athletic programs and hereby agree, on behalf of myself, my child, my assigns, executor and heirs, to release, indemnify and hold harmless Match Charter Public School and its affiliated organizations and trustees, directors, officers, agents, coaches, instructors and employees of each of them (collectively, "Match Education"), both professionally and individually, from any cause of action, claims or demands, of any nature whatsoever, including but not limited to any claims of negligence, which I, my child, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against Match Education on account of personal injury, injury to my child, property damage, death or accident of any kind arising out of or in any way related to his/her involvement in the voluntary athletic program, including, without limitation, being instructed in using equipment for or participation in the voluntary athletic program.

I further acknowledge that I am the parent or legal guardian of the student participant identified above, with legal authority to grant this consent. In case of emergency, I understand that efforts will be made to contact me immediately and I hereby authorize Match Education employees to exercise their best judgement for my child's welfare and to initiate emergency treatment by calling 911, providing first aid measures and arranging for the transport of my child to a nearby medical facility.

Signature of PARENT/GUARDIAN, or student, if over 18 years of age:
Date: _____

I further affirm that I have received, reviewed and understood the materials provided to me by Match Charter Public School regarding sports-related head injury and concussion, and opioid misuse prevention. I understand that I am obligated to submit to the Athletic Director a completed Report of Head Injury During Sports Season Form in the event that my child obtains a head injury during the season, but not while participating in a Match Charter Public School-affiliated extracurricular athletic activity.

Signature of PARENT/GUARDIAN:
Date: _____

I hereby acknowledge that I have received and read a copy of the Athletics Handbook (the "Handbook") and will comply with the policies set forth therein. I understand that Match Charter Public School may revise, supplement or rescind any policies contained in the Handbook, with or without notice. I acknowledge that the Handbook is neither a contract nor a legal document.

Signature of PARENT/GUARDIAN, or student, if over 18 years of age:
Date: _____

I, _____ affirm that I have received, reviewed and understood the materials provided to me by Match Charter Public School regarding sports-related head injury and concussion.

Signature of STUDENT:
Date: _____



PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM

Please fill out this form completely and sign, then return to the Athletic Director, *prior to the start of each season*:

Student Name: _____ Date of Birth: _____

Grade: _____ Sport: _____ Telephone: _____

Home Address: _____

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): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes: _____ No: _____

If yes, when? Dates (month/year): _____

Duration of Symptoms (e.g. headache, difficulty concentrating, etc.) for most recent concussion: _____

Parent/Guardian:

Name: _____ (print)

Signature: _____ Date: _____

Student Athlete:

Signature: _____ Date: _____



**Charter
Public
School**

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Community Day
100 Poydras Street
Hyde Park, MA 02136
Ph: (617) 983-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

REPORT OF HEAD INJURY DURING SPORTS SEASON FORM

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the Athletic Director

For Coaches: Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular activity? Yes: ____ No: ____

If so, where did the incident take place? _____

Please describe nature and extent of injuries to student:

For Parents/Guardians:

Did the student receive medical attention? Yes: ____ No: ____

If Yes, was a concussion diagnosed? Yes: ____ No: ____

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach Parent/Guardian

Name of Person Completing Form: _____ (print)

Signature: _____

Date: _____



**Charter
Public
School**

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Community Day
100 Poydras Street
Hyde Park, MA 02136
Ph: (617) 983-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

POST SPORTS-RELATED HEAD INJURY MEDICAL CLEARANCE AND AUTHORIZATION FORM

The student must be completely symptom free at rest, during exertion, and with cognitive activity prior to returning to full participation in extracurricular athletic activities. Do not complete this form until a graduated return to play plan has been completed, if needed, and the student is found to be symptom free at rest, during exertion and with cognitive activity.

Student's Name	Sex	Date of Birth	Grade
----------------	-----	---------------	-------

Date of injury: _____ Nature and extent of injury: _____

Symptoms following injury (check all that apply):

- Nausea or vomiting
- Headaches
- Light/noise sensitivity
- Dizziness/balance problems
- Double/blurred vision
- Fatigue
- Feeling sluggish/"in a fog"
- Change in sleep patterns
- Memory problems
- Difficulty concentrating
- Irritability/emotional ups and downs
- Sad or withdrawn
- Other

Duration of Symptom(s): _____ Diagnosis: Concussion Other: _____

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY

Practitioner signature: _____ Date: _____

Print Name: _____

Physician Licensed Athletic Trainer Nurse Practitioner Neuropsychologist Physician Assistant

License Number: _____

Address: _____ Phone number: _____

Name of Physician providing consultation/coordination/supervision (if not person completing this form; please print):

I ATTEST THAT I HAVE RECEIVED CLINICAL TRAINING IN POST-TRAUMATIC HEAD INJURY ASSESSMENT AND MANAGEMENT APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH* OR HAVE RECEIVED EQUIVALENT TRAINING AS PART OF MY LICENSURE OR CONTINUING EDUCATION.

Practitioner's initials: _____

Type of Training: CDC on-line clinician training Other MDPH approved Clinical Training Other
(Describe) _____

* MDPH approved Clinical Training options can be found at: www.mass.gov/dph/sports concussion
This form is not complete without the practitioner's verification of such training.