



Parental Consent Form for Student Participation in BPS Athletics Programming				
School:			School Year:	
Student (FIRST NAME):		Student (LAST NAME):		BPS ID#:
Current Grade:				
Address:		City:	State:	ZIP:
Parent/Guardian (FIRST NAME):		(LAST NAME):		TELEPHONE #
If unavailable during an EMERGENCY, Please provide an emergency contact Name, Phone #, and relationship to student				
Emergency Contact (FIRST & LAST Name):		Telephone #:		RELATIONSHIP:

SPORTS PARTICIPATION: Please select each sport in which you intend to participate:

BPS HIGH SCHOOL OFFERINGS		
FALL	WINTER	Spring
<input type="checkbox"/> Football	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Indoor Track	<input type="checkbox"/> Softball
<input type="checkbox"/> Girls Volleyball	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Tennis
<input type="checkbox"/> Soccer	<input type="checkbox"/> Swimming	<input type="checkbox"/> Outdoor Track
<input type="checkbox"/> Cheer	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Boys Volleyball

BPS MIDDLE SCHOOL OFFERINGS		
FALL	WINTER	Spring
<input type="checkbox"/> Girls Volleyball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Swimming	<input type="checkbox"/> Track
	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Flag Football

BPS SPECIAL OLYMPICS OFFERINGS		
FALL	WINTER	SPRING
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Bocce
<input type="checkbox"/> Soccer	<input type="checkbox"/> Bowling	<input type="checkbox"/> Track
	<input type="checkbox"/> Rowing	

Both the student and parent/guardian must read carefully and sign below

Sports Physical - Medical Clearance

I hereby state that I have provided a current (13 months) sports physical examination document to my child's school Nurse. I give permission for my child to participate in Boston Public Schools Athletic Programs. Boston Public Schools and its athletic trainers and associated medical personnel have permission to seek necessary emergency medical treatment for my child during his/her participation in conditioning, practices, play, and game competitions in any and all above checked athletic teams, activities, and programs.

Hold Harmless Agreement & Medical Emergency Treatment or Care

I acknowledge that there are many inherent RISKS and INJURY involved in participating in athletic events. In acknowledgement these RISKS (including, but not limited to injuries to vital joints, ligaments, tendons, organs, muscles, bones, as well as head injuries, neck, and spinal injuries, partial paralysis, brain damage, and even death) and in consideration of the opportunity for my child to participate in the above checked sport(s), I agree to hold Boston Public Schools collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and athletic trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands, of any kind and nature whatsoever (including attorney fees) which may rise by or in connection with my child's participation. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family. If needed, I hereby authorize dispensation of medication by non-nursing personnel as provided by my child's medical provider.

CONCUSSION AWARENESS

I understand that Massachusetts State Laws require parents, guardians, volunteers, and parent volunteers of participating student-athletes in an Boston Public School athletic activity, team, program, or event, to participate in SPORT/HEAD INJURIES and CONCUSSION AWARENESS (online or through written materials) training. By my signature I attest I have completed the training.

(Parent/Guardian) Signature: _____

Date: _____

(Student) Signature: _____

Date: _____



Sports Medicine Athletic Training Service

Please Print All Requested Information

Athlete Name _____ Athlete Date of Birth _____

School: _____ School ID # (if applicable) _____

Athlete's Address _____

Name of Parent or Guardian _____ Relationship: _____

Parent/Guardian's Address _____

Parent/Guardian Preferred Phone _____ Email: _____

Required If Athlete is over age 18; Otherwise Optional		
Athlete's Cell Phone _____	Home Phone _____	Email: _____

Agreement to Receive Athletic Training Services

Athletic training services are provided by Mass General Brigham Incorporated ("MGB") and MGB's affiliate providers (the "MGB Providers").

I hereby authorize the athletic trainers, physicians, and other qualified providers of MGB to provide athletic training services, and to evaluate and/or provide medical treatment, within the scope of their practices, to the Athlete named above. In the event that the Athlete is injured, MGB will make reasonable efforts to contact a family member at this number: _____ if additional evaluation, treatment, or information is needed.

Acknowledgement of Receipt or Declination of Notice of Privacy Practices

Mass General Brigham Incorporated is an integrated health care system, which includes all the entities listed on <https://www.massgeneralbrigham.org/notices/hipaa>. These hospitals and entities, as well as the doctors, nurses, therapists, and other providers of health care who work in these organizations, are called "providers." These providers may share patient health information for treatment, billing, and health care operations.

Federal law requires that all patients be given a copy of the Mass General Brigham Privacy Notice. The Privacy Notice describes in detail how patient health information is used and shared with others.

Mass General Brigham has reserved the right to change the Privacy Notice at any time. You may obtain a current copy of the Privacy Notice by contacting the admitting office, the registration office, your doctor's office, or by going to the Mass General Brigham Web site (www.massgeneralbrigham.org)

All reasonable efforts will be made to protect the privacy of patient health information, whether it is maintained on paper or electronically, and regardless of how it is communicated, for example, by e-mail or fax.

Name (print): _____ **Date:** _____

Print name of the athlete if 18 or over, or parent/guardian if the athlete is under 18.

Signature: _____

Sign name of the athlete if 18 or over, or parent/guardian if the athlete is under 18

A photocopy of this authorization shall be considered as valid as the original

Boston Public Schools
Department of Athletics
Acknowledgment of Risks, Waiver, Release and Hold Harmless Agreement
Voluntary Sports Participation

I desire to participate (in the event the Student is over 18) or allow my child ("the Student") to participate in one or more voluntary extracurricular sports activities sponsored by the Boston Public Schools ("BPS") and the Massachusetts Interscholastic Athletic Association ("MIAA"). The novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact. Federal, state, and local agencies recommend social distancing and other measures to prevent the spread of COVID-19. Boston Public Schools Reading will conduct certain extracurricular sports activities ("Sports Activity") beginning in the 2020-21 school year. BPS will conduct Sports Activities in compliance with public health and MIAA guidance known at the time, as appropriate under the circumstances. For the safety of all people involved, participants in the Sports Activity will be required to adhere to all safety protocols issued by state and local authorities, including the MIAA, and are subject to immediate removal from the Sports Activity if they do not comply. By signing below, I agree that I, as the parent and/or legal guardian (or Student if 18 years or older) will:

- ★ Comply with BPS, local, and state public health guidance and safety protocols.
- ★ Confirm that the Student is not exhibiting any of the COVID-19 symptoms linked here. If the student has exhibited any of these symptoms, I will not permit the Student to participate until they have tested negative for COVID-19, or until they have remained at home for at least 10 days from the start of symptoms, have no fever for 24 hours without medicine, and other symptoms have improved, and if Student has tested positive, they have been released from isolation by the local board of health.
- ★ Confirm that the Student has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If the Student has been in contact with such a person, I will not permit the Student to participate until they self-quarantine for 14 days after the last interaction with the person who tested positive, regardless of test result.
- ★ Promptly pick up the Student or arrange for pickup if signs or symptoms of illness are present.

By signing this document below, I acknowledge and affirm all of the statements above. I acknowledge that I and/or the Student may be exposed to or infected by COVID-19 as a result of voluntary participation in the Sports Activity (and transportation to and from the Sports Activity), and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from my or the student's own actions, and/or the acts or omissions of others, and I acknowledge and accept all such risks in connection with the Student's participation in the Sports Activity. Finally, I acknowledge that the above guidelines may change at any time due to recommendations by the Centers for Disease Control (CDC), the Commonwealth of Massachusetts, the City of Boston, the Boston Public Health Commission, the MIAA, or any other regulating entity.

In consideration of the Student being able to participate in the Sports Activity, I, on my own behalf and on behalf of the Student or other family member assisting me in the participation in the Sports Activity, hereby waive, release, and hold BPS and its employees and agents harmless from any and all claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, that I and/or the Student, or my or our representatives, sustain during or related to the Student's participation or involvement in the Sports Activity.

Print
Name of Student _____

Print
Name of Parent(s) _____

Signature of Student (if 18 or over)
_____ Date _____

Signature of Parent/Guardian
_____ Date _____



MASSACHUSETTS INTERSCHOLASTIC
ATHLETIC ASSOCIATION



Diversity, Equity and Inclusion Pledge

As a student-athlete of a Massachusetts Interscholastic Athletic Association member school, I agree to abide by all guidelines regarding the use or exhibition of discriminatory practices.

I PLEDGE TO:

1. Help create and foster a safe environment within the school community, which includes the responsible use of social media.
2. Consistently model respect and tolerance by setting an example of good sportsmanship and positive behavior, including language (body and spoken), gestures, signs, and overtures.
3. Not enable my fellow student-athletes who use abusive language, signs, gestures, or overtures. I will not cover up for them or lie for them if any rules are broken.
4. Hold myself, my fellow student-athletes, and our community responsible and accountable for their actions.
5. Seek information and assistance in dealing with my own or my fellow student athlete's negative behaviors, problems, or concerns.
6. Be open and honest with my coach and other school personnel when the best interest of myself, my fellow student-athletes, and my school are being jeopardized.
7. Thrive to create a school without hate.
8. Support the Diversity, Equity, and Inclusion, Sportsmanship and Game Officials Committees' policy/programs within the MIAA, _____
(Insert High School), and all school functions.

Print Name: _____

Signature: _____ Date: _____





The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

**PRE-PARTICIPATION HEAD
 INJURY/CONCUSSION REPORTING FORM
 FOR EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex <input type="button" value="Click"/>	Date of Birth	Grade <input type="button" value="Click"/>
School		Sport(s) <input type="button" value="Click"/>	
Home Address			Telephone

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 (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

(Please print)

Parent/Guardian

Name: _____ Signature: _____ Date: _____

Student Athlete

Name: _____ Signature: _____ Date: _____



CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon —while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

After you have filled this out and signed it, SAVE AS A PDF file and email this to your school athletic coordinator.