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 Information

Name:
Grade:
Sport(s):
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 (such as headache, difficulty concentrating, fatigue) for most recent concussion:

Parent/Guardian: Name: ________________________________ (Please print)

Signature/Date ________________________________

Student Athlete: Signature/Date ________________________________