



**DEPARTMENT OF ATHLETICS  
REPORT OF HEAD INJURY DURING SPORTS SEASON**

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 or staff member designated by the school and reviewed by the school nurse.

**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 sustains a head injury outside of school related extracurricular athletic activities.

Student-Athlete's Name:	Sex	Date of Birth	Grade
Sport:		Level (V, JV, MS)	
Home Address:		Telephone Number	

Date of Injury: \_\_\_\_\_

Did the incident take place during an extracurricular activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where did the incident take place? \_\_\_\_\_

Please describe the nature and extent of the injuries to the student-athlete:

**For Parents/Guardians:**

Did the student receive medical attention? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, 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.**

Circle one:      Coach      Certified Athletic Trainer      Parent/Guardian      Other (please state)

Name of Person Completing Form (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_