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’s 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 _________________________________