

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

Circle **ONLY ONE** season: **FALL** **WINTER** **SPRING**

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Head Coach, **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: _____

Note: This form should be returned to your coach prior to participation.