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

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>School</td>
<td></td>
<td>Sport(s)</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

**Date of injury:** _________________

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

If so, where did the incident take place? ______________________________________________________

Please describe nature and extent of injuries to student:

**For Parents/Guardians:**

Did the student receive medical attention? yes____ no____

If yes, 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.**

Please circle one: Coach or Marching Band Director       Parent/Guardian

Name of Person Completing Form (please print): ________________________________________________

Signature ___________________________     Date _______________