



Carroll School

### 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.

Student's Name	Gender	DOB	Grade
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School	Sport(s)
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Home Address	Telephone #
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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 Parent/Guardian

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

Signature \_\_\_\_\_ Date \_\_\_\_\_