

Miller Place Union Free School District  
Concussion Injury Report

**\*\* PLEASE ATTACH TO ACCIDENT REPORT AND RETURN TO ATHLETIC OFFICE \*\***

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Sport/Activity \_\_\_\_\_ Sport Level \_\_\_\_\_ (V/JV/MS)

Date concussion sustained \_\_\_\_\_ Date student reported concussion \_\_\_\_\_

Teacher in charge at time of accident \_\_\_\_\_ Witnessed accident? \_\_\_\_\_

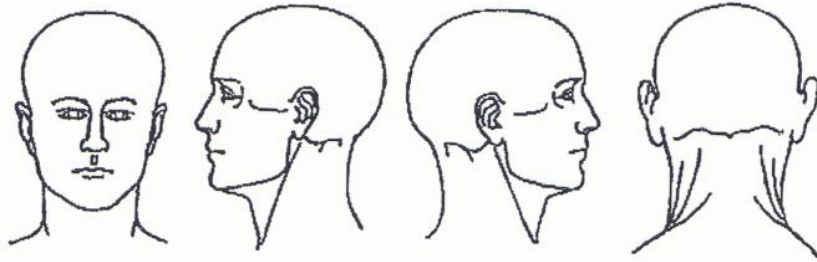
Please circle one:

When did concussion occur? Recess PE Practice Game Other \_\_\_\_\_

Location of accident \_\_\_\_\_ (which school, field, etc)

Where was the student when the concussion occurred? \_\_\_\_\_  
\_\_\_\_\_ (standing on sideline, behind goal, etc)

Location of impact: Please mark with an "X" where the student was hit in the head



What was student hit in the head with? \_\_\_\_\_ (stick, ball, helmet, elbow, etc)

Protective equipment worn at the time of concussion \_\_\_\_\_ (helmet, mouth guard, etc)

Please describe ***in detail*** how the concussion was sustained: (i.e. Student was playing attack during lacrosse practice and was checked on the left side of head by a defender while driving to the cage.)

Person filing report \_\_\_\_\_ Date of report \_\_\_\_\_