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Report of Head Injury During Sports Season Form

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 Information

Student's name	Sex	Date of birth	Grade
School name	Sport(s)		
Home address	Phone number		

Date of injury:	Did the incident take place during an extracurricular athletic 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: _____