# Pre-Participation Head Injury/Concussion Reporting Form for Extracurricular Activities

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, prior to the start of each season a student plans to participate in an extracurricular athletic activity.

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Grade</th>
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School: ________

Sport(s): ________

Home Address: ____________________________

Telephone: ____________________________

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**Has student ever experienced a traumatic head injury (a blow to the head)?**

Yes_________ No_________

If yes, when? Dates (month/year): ____________________________

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**Has student ever received medical attention for a head injury?**

Yes_______ No________

If yes, when? Dates (month/year): ____________________________

If yes, please describe the circumstances:

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**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: ____________________________

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Parent/Guardian:

Name: ____________________________ Signature/Date ____________________________

(Please print)

Student Athlete:

Signature/Date ____________________________