# 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>
<th>School</th>
<th>Sport(s)</th>
<th>Home Address</th>
<th>Telephone</th>
</tr>
</thead>
</table>

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

Yes _______ No _______

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

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

Yes _______ No _______

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

If yes, please describe the circumstances:

**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: ___________________________

**Parent/Guardian:**

Name: ___________________________ Signature/Date: ___________________________

(Please print)

**Student Athlete:**

Signature/Date: ___________________________