

PRE-PARTICIPATION HEAD INJURY CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form needs to be completed by the student-athlete's parent(s). It must be submitted to the Coach, along with the other registration forms, *prior* to the start of EACH season a student-athlete plans to participate in an extracurricular athletic activity.

Student-Athlete's Name _____ Grade _____

Sex (F M) Date of Birth _____ Sport _____

Phone Numbers (H) _____ (W) _____ (C) _____

What is the date of the athlete's most recent physical? _____

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

Yes ___ **No** ___

If **no**, skip next section and both parent/guardian and student-athlete sign below:

If **yes**, complete section below and then both parent/guardian and student-athlete sign below:

• **Date(s) of injury(ies) (month/year):** _____

• Please describe the circumstances for each incident: (if necessary, use separate sheet of paper)

• **Was student-athlete diagnosed with a concussion? Yes** ___ **No** ___

• If yes, when? List dates (month/year):

• Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for **most recent** concussion:

• **Has most recent concussion occurred after student-athlete's most recent physical?**

Yes ___ **No** ___

• If yes, ***Post Sports-Related Head Injury Medical Clearance and Authorization Form, (Form #5)*** must be on file for student-athlete to participate.

Student-Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____