



## Report of Student Head Injury

This form is to report head injuries (other than minor cuts or bruises) that occurs during school day, at athletics, or at extracurricular activities.

**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. It should be returned to the athletic trainer or athletic director and to then give to the school nurse.

**Teachers/ Marching Band Director:** Please complete this form when head injury has occurred and give to school nurse.

**For Parents/Guardians:** Please complete this form if your child has a head injury outside of a school related extracurricular athletic activities and give to school nurse

Student's Name	Sex	Age	Grade
School		Season and Sport /Activity	

Date of injury: \_\_\_\_\_

Did the incident take place during school day? \_\_\_\_\_ or an extracurricular activity? \_\_\_\_\_

Where did the incident take place? \_\_\_\_\_

Please describe nature and extent of symptoms, behavior, and injuries of student:

Symptoms (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Nausea or vomiting                   | <input type="checkbox"/> Headaches            | <input type="checkbox"/> Light/noise sensitivity  |
| <input type="checkbox"/> Dizziness/balance problems           | <input type="checkbox"/> Double/blurry vision | <input type="checkbox"/> Fatigue                  |
| <input type="checkbox"/> Feeling sluggish/"in a fog"          | <input type="checkbox"/> Memory problems      | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Irritability/emotional ups and downs | <input type="checkbox"/> Other _____          |   |

**For Parents/Guardians:**

Did the student receive medical attention? Yes/date \_\_\_\_\_ no \_\_\_\_\_

If yes, was a concussion diagnosed? yes \_\_\_\_\_ no \_\_\_\_\_

Name of Person Completing Form (please print) \_\_\_\_\_

Please circle one: Coach    Marching Band Director    Athletic Trainer    Nurse    Teacher    Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_