



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
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CHARLES O. BAKER
 Governor

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 Lieutenant Governor

MARYLOU SUDOERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

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's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Did the incident take place during an extracurricular 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 COMPLETED AND CORRECT.**

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____