

PRE-PARTICIPATION HEAD INJURY/CONCUSSION  
REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES  
AND PHYSICAL EDUCATION CLASSES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Principal's Office prior to the start of school year.

Student Information

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Has your child ever experienced a traumatic head injury  
(a blow to the head)? Yes  No

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

Has your child ever received medical attention for a head injury? Yes  No

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

If yes, please describe the circumstances and treatment:

Was your child 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: \_\_\_\_\_  
(Please print)

Signature/Date: \_\_\_\_\_