

Braintree Public Schools

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.

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

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:

of Hours: _____ # of Weeks: _____

of Days: _____ # of Months: _____

Parents:

- I give permission for all results of the ImPACT testing to be shared with my child's Primary Care Physician.
- I have completed the mandatory concussion online course as outlined in the BPS concussion policy. The links to the course offerings are www.nfhslearn.com and www.cdc.gov/concussion.
- I understand if my student athlete sustains a head injury/concussion outside of their sport, I must complete and submit this form to the school nurse and Athletic Trainer.

Parent/Guardian:

Name: _____ Signature/Date: _____
(Please Print)

Students:

- I have completed the mandatory concussion online course as outlined in the BPS concussion policy. The links to the course offerings are www.nfhslearn.com and www.cdc.gov/concussion.

Student Athlete:

Name: _____ Signature/Date: _____
(Please Print)