



The Commonwealth of Massachusetts
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Pre-Participation Head Injury/Concussion Reporting Form
for Extracurricular Athletic Activities

This form should be completed by the student's parent(s) or legal guardian(s). Please submit this form 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 Information

Student's name	Sex	Date of birth	Grade
School name	Sport(s)		
Home address	Phone number		

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):
How long did symptoms last for the most recent concussion? (i.e., headache, difficulty concentrating, fatigue)