



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 250 Washington Street, Boston, MA 02108-4619

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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 COMPLETE AND CORRECT.**

Please circle one: Coach or Marching Band Director

Parent/Guardian

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

Signature \_\_\_\_\_

Date \_\_\_\_\_