The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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**Report of Head Injury During Sports Season Form**

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 Information**

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

|  |  |
| --- | --- |
| Date of injury: | Did the incident take place during an extracurricular athletic 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_