



## Pre-participation Head Injury Report—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

Grade

Sport(s)

Home Street Address

City

State

Zip Code

MD

**Has the student every experienced a traumatic head injury (a blow to the head)?** ☐ Yes ☐ No

If yes, list the date(s) (month/year): \_\_\_\_\_

**Has the student ever received medical attention for a head injury?** ☐ Yes ☐ No

If yes, list the date(s) (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

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**Was the student diagnosed with a concussion?** ☐ Yes ☐ No

If yes, list the date(s) (month/year): \_\_\_\_\_

Duration of symptoms (such as headache, difficulty concentrating, fatigue) for most concussion:

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Parent Guardian Name

Signature

Date

Student Athlete Signature

Date