

FAUQUIER COUNTY PUBLIC SCHOOLS



ATHLETIC TRAINING

CONCUSSION HISTORY FORM

**Please answer all questions thoroughly and as accurately as possible*

**Return this form the Athletic Training Room*

**This form must be on file in the Athletic Training Room PRIOR to participation*

- 1) Have you ever had a concussion or been told by a doctor that you have had a concussion? YES NO
- 2) If yes, list the date(s) of your concussion(s): _____

- 3) Please explain how you sustained your concussion(s): _____

- 4) Did you lose consciousness or get "knocked out"? YES NO
- 5) If yes, please state how long you were unconscious: _____
- 6) Did you see a doctor for your concussion(s)? YES NO
- 7) If yes, when?: _____
- 8) Have you ever had to go or been taken to the Emergency Room for a head injury or concussion? YES NO
- 9) If yes, when?: _____
- 10) Have you ever had a CAT Scan or CT Scan for a head injury? YES NO
- 11) Have you ever been hospitalized for a head injury? YES NO
- 12) If yes, for how long were you hospitalized?: _____
- 13) Has a doctor ever restricted your participation in games or practice because of a concussion? YES NO
- 14) If yes, for how long were you restricted?: _____

Student's Printed Name: _____

Sport(s): _____

I _____ have reviewed the following information about my child and assert that it is correct.

Parent Guardian Signature: _____ **Date:** _____

Internal Use Only

Received: _____ Athletic Trainer Signature: _____

Revised June, 2011

**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF
FAUQUIER COUNTY PUBLIC SCHOOLS CONCUSSION POLICY,
REGULATIONS, AND CONCUSSION FACT SHEET**

Please review the preceding policy, regulations, protocols and fact sheets. Once you have reviewed and understand the material, please complete this page and return to the Athletic Trainer. This acknowledgement form must be completed and on file in the Athletic Training Room prior to participation in any High School athletic event. *This includes tryouts.*

Student Athlete

I _____ have received, reviewed, and understand the Fauquier County Public Schools Concussion Policy, Regulations and Concussion Fact sheets therein.

Student Athlete PRINTED Name: _____

Intended Sports (Please list all the sports you intend to play this year):

Student Athlete Signature: _____

Date: _____

Student Athlete's Parent/Guardian

I _____ have received, reviewed, and understand the Fauquier County Public Schools Concussion Policy, Regulations and Concussion Fact Sheets therein.

Parent/Guardian Printed Name: _____

Relationship to Student Athlete: _____

Parent/Guardian Signature: _____

Date: _____

Internal Use Only

Date Received: _____

Corresponding Physical on File: YES ____ NO ____

Athletic Trainer Signature: _____ Date: _____

Comments: