



CONCUSSION AND HEAD INJURY REPORT

Student:		School:
Grade:	Student ID #:	Sport:
Date of Incident:		Coach:

Concussions and Head Injuries

On _____, the Student listed above was involved in the following incident

that may have resulted in him/her suffering a concussion or head injury As a result, the Student was immediately withdrawn from further participation in the listed Sport and will not be allowed to return to practice or participation until a satisfactory medical clearance is provided to the District, which must be provided on the Medical Clearance Form contained on the back of this form.

We urge you to seek prompt medical review and attention, particularly if the Student shows any signs of a concussion or head injury (including headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow,” “foggy,” or “not right,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep).

Dated: _____

Printed Named of Coach/Supervising Adult: _____

Signature _____