

BENJAMIN FRANKLIN CLASSICAL CHARTER PUBLIC SCHOOL

REPORT OF HEAD INJURY DURING SPORTS SEASON

This form is to report head injuries (other than minor cuts and bruises) that occur during a sports season. It should be returned to the Extracurricular Activities Coordinator or coach 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: _____

Home Address: _____ Home Phone Number: _____

School-Sponsored Extracurricular Activities: _____

Date of Injury: _____

Did the incident take place during an extracurricular activity? Yes _____ No _____

If "Yes", where did the incident take place? _____

Please describe the nature and extent of injuries to the 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 Marching Band Director Parent/Guardian

Name of Person Completing Form: (please print): _____

Signature: _____ Date: _____