

# 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: \_\_\_\_\_