

NAHS Athletic Department

PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

Student's Name	Sex	Date of Birth	Grade/YOG
School		Sport(s)	
Home Address			Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes _____ No _____

If yes, when? Dates (month/year): _____

Has student ever blacked out or lost consciousness from a head injury? Yes _____ No _____

Has student ever received medical attention for a head injury? Yes _____ No _____

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes _____ No _____

If yes, when? Dates (month/year): _____

What were the symptoms and how long did they last? (most recent concussion):
(such as *headache, difficulty concentrating, fatigue*)

Parent/Guardian:

Name: _____ Signature/Date _____

(Please print)

Student Athlete:

Signature/Date _____

I have read the information material provided to us by the NAHS athletic department related to concussions and head injuries occurring during participation in athletic programs and understand its contents and warnings.

Each parent/guardian was given a copy of:
Heads Up: Concussions in High School Sports, A Fact Sheet for Parents and Athletes.

For more information on concussions and traumatic brain injury, visit: [http:// www.cdc.gov/concussions](http://www.cdc.gov/concussions)
Free concussion web course on NFHSlearn.com