



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

**REPORT OF HEAD INJURY DURING  
SPORTS SEASON**

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the athletic director or staff member designated by the school 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
School		Sport(s)	
Home Address			Telephone

Date of injury: \_\_\_\_\_

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

If so, where did the incident take place? \_\_\_\_\_

Please describe nature and extent of injuries to 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 or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_