

ACADEMY OF NOTRE DAME
PRE-PARTICIPATION HEAD
INJURY/CONCUSSION REPORTING FORM
FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director, or official designated by the school, *prior* to the start of each season a student plans to participate in an extracurricular athletic activity.

<i>Student's Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Grade</i>
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 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): _____

Duration of Symptoms (such as *headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Statement Acknowledging Receipt of Education and Responsibility to report any signs and or symptoms of a Concussion.

I hereby acknowledge having received education about the signs, symptoms and risk of sports related concussions. I also acknowledge my responsibility to report to the school Athletic Director, Athletic Trainer, Coaches, and School Nurse any signs/symptoms of a concussion.

Print Parent/Guardian Name: _____ Signature/Date _____

Print Student Athlete Name: _____ Signature/Date _____