



# Pre-participation Head Injury/Concussion Report—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.

After the initial submission of this form, the parent(s) or guardian(s) are responsible for notifying the athletic director of any additional head injuries prior to the next practice or contest. Anne Arundel County Public schools believes that families should work with the school system in an effort to ensure student-athlete safety and appropriate care, under the most up-to-date protocol.

Student’s Name	Grade
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Sport(s)
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Home Street Address	City	State	Zip Code
		MD	

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

If yes, list the date(s) (month/year): \_\_\_\_\_

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

If yes, list the date(s) (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

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**Was the student diagnosed with a concussion?**  Yes  No

If yes, list the date(s) (month/year): \_\_\_\_\_

Duration of symptoms (such as headache, difficulty concentrating, fatigue) for most concussion:

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Parent Guardian Name	Signature	Date
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Student Athlete Signature	Date
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