

FORM 1

**Blackstone-Millville Regional School District
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 School nurse prior to the start of each season a student plans to participate in an extracurricular activity.

Student's Name:	Sex:	Date of Birth:	Grade:
School:		Sport/Activity:	
Home Address:			Telephone #:

Has the student ever experienced a traumatic head injury (a blow to the head)? Yes ____ No ____
If yes, when? Dates (month/year): _____

Has the student ever received medical attention for a head injury? Yes ____ No ____
If yes, when? Dates (month/year): _____

If yes, please describe the circumstances: _____

Was the student diagnosed with a concussion? Yes ____ No ____
If yes, when? Dates (month/year): _____

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

By signing this form, both parent/guardian and student acknowledge that they have completed a DPH approved online course ([Center for Disease Control and Prevention Heads Up Concussion in Youth Sports On-Line Training Program](#) or [National Federation of State High School Associations Concussion in Sports - What you Need to Know](#) available online and free of charge). **The student may NOT participate in any extracurricular activity until this form is returned.**

Parent/Guardian name: _____

Signature: _____ Date: _____

Student Signature/Date: _____