



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

This form is to report head injuries (other than minor cuts or bruises) that occur outside of the school setting. It should be returned to the Nurse Manager or Program Director and reviewed by the school nurse.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular 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.

Name of Person Completing Form (please print): _____

Signature _____

Date _____