



THE WOODWARD SCHOOL ATHLETIC DEPARTMENT

Report of Head Injury During Sports Season Form

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, Bob Giordano, or staff member designated by the school, and reviewed by the School Nurse.

For Coaches/Athletic Trainers: 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 Information

Student's name	Gender	Date of birth	Grade
Parent/Guardian Name:	Phone Number:		
Student's Home address	Sport(s):		

Date of injury:	Did the incident take place during an extracurricular athletic activity? Yes ___ No ___
If so, where did the incident take place?	
Please describe nature and extent of injuries to student:	

Did the student receive medical attention? Yes ___ No ___	If yes, was a concussion diagnosed? Yes ___ No ___
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Note: *If a student has been diagnosed with a concussion, clearance by a medical professional is **REQUIRED**. Students will NOT be permitted to participate (practice/games) without adequate medical clearance. Post Sports-Related Health Injury Medical Clearance and Authorization Form may be found on our website: www.thewoodwardschool.org, under Student Info > > Back to School Info >> Wildcats Athletics*

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

Please circle one: Coach Athletic Trainer Parent/Guardian

Name of person completing form (please print): _____

Signature: _____ Date: _____