

Sturgis Charter Public School



East
427 Main St
Hyannis, MA 02601
508-778-1782
Fax: 508-775-3163

West
105 West Main St
Hyannis, MA 2601
508-771-2780
Fax: 508-771-1293

Head Injury Report

This form is to report head injuries (other than minor cuts or bruises) that occur during the school year. **Coaches/teachers:** Please complete this form as quickly and accurately as possible after the injury occurs and return it to the athletic director no more than one school day after the incident occurs.

Parent(s)/Guardian(s): Please complete this form if your child sustains a head injury outside of school hours and not during an extra-curricular activity. Please return a copy to the school nurse no more than one school day after the event.

Student/Athlete's Name	Sex	Date of Birth	Grade
Home Address:	Home Telephone:		

Date of Injury: _____

Sport/Activity In Which Injury Occurred: _____

Description of Injury: Please include location, nature, and extent of the injury:

Other Sports/Activities Student/Athlete Participates In: _____

Coaches:

Was the student removed from play? Yes ___ No ___
Was the parent(s)/guardian(s) notified? Yes ___ No ___
Did the student receive emergency medical attention? Yes ___ No ___

Parent(s)/Guardian(s):

Was medical attention received? Yes ___ No ___
Was a concussion diagnosed? Yes ___ No ___

I HERBY STATE THAT TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND ACCURATE.

Parent(s)/guardian(s): I GIVE MY CONSENT TO SHARE THE INFORMATION ON THIS FORM, ON A NEED TO KNOW BASIS, WITH APPROPRIATE SCHOOL PERSONEL.

Name (Printed): _____
Signature: _____ Date: ___/___/___
Relationship to Student (i.e. parent, coach, teacher): _____

To be completed by athletic director or school nurse:

Please indicate date, time, and means of communication with parent and/or physician:

Initials: _____