

Ninnekah Schools Concussion/Head Injury Report

Student-Athlete _____

Date: _____ Activity/Sport: _____

Cause of the injury: _____

Force of the hit or blow to the head: _____

Any loss of consciousness (passed out/knocked out): _____

if so, for how long: _____

Any memory loss immediately following the injury: _____

Any seizures immediately following the injury: _____

Number of previous concussions (if any): _____

Returned to activity on: _____

Licensed Health Care Provider: _____

(Attach WRITTEN PERMISSION slip to this form)

File copy of this form and copy of written permission slip with the Principal or Athletic Director.