NATICK PUBLIC SCHOOLS
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 Athletic Director, or official designated by the school, prior to the start of each season a student
plans to participate in an extracurricular athletic activity.

Student’s Name____________________________ Sex________ Date of Birth_______ Grade_______
School ____________________________ Sport(s)_____________________________
Home Address____________________________ Telephone_________________________ 

Has student ever experienced a traumatic head injury (a blow to the head)? Yes_______ No_______
If yes, when? Dates (month/year): ____________________________________________

Has student ever received medical attention for a head injury? Yes_______ No_______
If yes, when? Dates (month/year): ____________________________________________
If yes, please describe the circumstances: ________________________________________

Was student diagnosed with a concussion? Yes_______ No_______
If yes, when? Dates (month/year): ____________________________________________
Duration of Symptoms (such as headache, difficulty concentrating, fatigue) for most recent concussion:
____________________________________________________________________________
____________________________________________________________________________

PARENTS:
☐ I give permission for my child to participate in ImPACT* testing.
☐ I give permission for all results of the ImPACT testing to be shared with my child’s Primary Care Physician.
☐ I have completed the mandatory concussion on-line course as outlined in NPS athletic policy. The link to
  this course is: http://www.nfhslearn.com/
☐ I understand if my student athlete sustains a head injury/concussion, outside of their sport, I must
  complete and submit this form to the school nurse.

Parent/Guardian:
Name: ___________________________ Signature/Date _______________________________
(Please print)

STUDENTS:
☐ I have completed the mandatory concussion on-line course as outlined in NPS athletic policy for students.

Student Athlete:
Signature/Date ___________________________

* ImPACT Testing is an on-line neurocognitive assessment test that we have NHS Athletes take as a baseline assessment
prior to participating in athletics. ImPACT (Immediate Post-Concussion Assessment Cognitive Testing) is part of the
assessment that is used to determine if an athlete can return to play post concussion. It is a 30 minute test taken “on
line” @ NHS under the direction of the Nurse, Athletic Trainer or Athletic Director. There is no need for you to schedule
an appointment, as the Athletic Department schedules all the Athletes.