



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
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**REPORT OF HEAD INJURY DURING
 SPORTS SEASON**

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 or staff member designated by the school and reviewed by the school nurse.

For Coaches: 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'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.

Please circle one: Coach or Marching Band Director

Parent/Guardian

Name of Person Completing Form (please print): _____

Signature _____

Date _____

PUPIL ACCIDENT REPORT
Harwich Public Schools

PUPIL NAME _____ GRADE _____

SCHOOL (Circle One) Elementary Middle High

HOME ADDRESS _____

NAME OF PARENT/GUARDIAN _____ RELATIONSHIP _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

LOCATION _____

EN ROUTE TO/FROM SCHOOL IN CORRIDOR PLAYGROUND FIELD TRIP

INTRAMURAL INTERSCHOLASTIC ATHLETICS

PHYSICAL EDUCATION CLASS _____
(ACTIVITY OF CLASS)

OTHER _____
(PLEASE SPECIFY)

DESCRIBE, WHEN, WHERE AND HOW ACCIDENT OCCURED (BELOW)

NATURE OF INJURY (i.e. HEAD INJURY; RIGHT/LEFT ARM, HAND, LEG; BURN; CUT; ETC.)

MEDICAL ATTENTION _____

IF STUDENT LEFT SCHOOL, PLEASE NOTE TIME, WITH WHOM AND DESTINATION (BELOW)

INSURANCE COVERAGE: SCHOOLTIME 24-HOUR PLAN FAMILY INS. PLAN

FOLLOWUP: _____

Signature _____