

Westford Public Schools  
Head Injury Report Form  
“Outside of Westford Public School Athletics”

**For Parents/Guardians:** Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

This form is to report head injuries (other than minor cuts or bruises) that occur during a sports season outside of school related athletic activity. It should be returned to the athletic trainer (Bill Bombaci) at Westford Academy for all high school student athletes. The form should be returned to the middle school nurse for all middle school student athletes.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: \_\_\_\_\_

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.***

Parent/Guardian

Name of Person Completing Form (please print): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_