



Concussion Reporting Form Bishop Stang High School

*This form must be submitted prior to the start of each Athletic Season.
(Please Print)*



DATE _____

Student-Athlete Information

SPORT (S)	FR	SO	JR	SR
CLASS YEAR				
FIRST NAME	LAST NAME	M	F	
GENDER				
MAILING ADDRESS	CITY	STATE	ZIP	
TELEPHONE	PARENT EMAIL	DATE OF BIRTH		

Concussion History

Have you ever sustained a head, face or neck injury/concussion? (Circle one) YES NO

Was this injury diagnosed by a physician? (Circle one) YES NO

If yes, please explain each occurrence and list the date of the injury. Date

Parent/Guardian Concussion Statement

I _____ have reported any head, face or neck injury sustained
Print Parent / Guardian Name
by my child on this form.

I have read and understand the Bishop Stang Concussion Policy in the student handbook, and on the school website under athletics (www.bishopstang.com).

I agree to report any head, face or neck injury sustained by my child immediately to the school athletic trainer and/or the athletic director.

I give my child permission to participate in the required Impact concussion management program.

Parent/ Guardian Signature

Date

Student Signature

Date