

High School Football Concussion Report Form

Player Information

Player Name

Jersey Number

Grade

School Name

Coach Name

Incident Details

Date of Incident

Time of Incident

Location

Opponent Team

Description of Incident

Symptoms Observed

☐

Headache

☐

Dizziness

☐

Confusion

☐

Memory Loss

☐

Nausea

☐

Loss of Consciousness

☐

Other

If Other, specify

Post-Incident Actions

Was the player removed from play?

Was a medical evaluation conducted?

Describe actions taken

Report Filed By

Name

Role/Title

Date