



Concussion Form

Questions and Contact Information

Name _____ Date _____
Address _____
City _____ Zip _____ Phone _____
Email _____ Birthday _____

Check all that apply I participate in:

Football Baseball/Softball Wrestling

Other _____

Name of current team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____
Phone Number: _____

Name: _____ Relationship: _____
Phone Number: _____

Please complete this form and return to your coach or the Recreation Department Office at 207 Reaume Ave, Kaukauna, WI 54130.