



SETON SCHOOL

"Let His Will of the present moment be the first rule of our daily life and work..."—Saint Elizabeth Ann Seton

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Student Concussion Information Form

Student's Name: _____ Grade: _____

Date/Time of Injury: _____ (Must be filled in.)

Where and How Injury Occurred: _____

Is the student experiencing post-concussion symptoms at rest (no activity)? Yes or No
If yes, what are the symptoms?

Is the student experiencing post-concussion symptoms when doing schoolwork, physical exertion,
or chores? Yes or No
If yes, what are the symptoms?

Please adhere to the steps below:

1. Follow the advice of qualified medical personnel.
2. Follow Seton's "Return to School Concussion Protocol" and "Heads Up Concussion Plan" as well as review the "Concussion Signs and Symptoms Checklist" (available on the Seton website under Academics/Guidance).
3. Students who suffer from a concussion are prohibited from participating in all sports and extracurricular activities during the concussion protocol time unless a parent/guardian submits a doctor's note to Seton School stating the student is eligible to participate in said activities.

I have read and will comply with the three documents mentioned above.

Parent Name (Print) and Signature

Date

(For Student File - Please return this form to the Seton Front Office.)