

# Big Lake Schools

## Report of Head Injury

This form should be used to report head injuries (other than minor cuts or bruises) to Big Lake Schools (if Big Lake Schools is the individual's school district). After being completed, it should be returned to the Health Office of the school the student attends for review by the Health Assistant. State Law requires a student who exhibits signs, symptoms or behaviors consistent with a concussion and/or is suspected of sustaining a concussion is to be removed from the activity.

Big Lake High School, Health Assistant  
 501 Minnesota Ave.  
 Big Lake, MN 55309  
 Fax: 763.262.2543  
 Email: ce.biglake.k12.mn.us

Big Lake Middle School, Health Assistant  
 601 Minnesota Ave.  
 Big Lake, MN 55309  
 Fax: 763.262.2563  
 Email: ce.biglake.k12.mn.us

Independence Elementary, Health Assistant  
 701 Minnesota Ave.  
 Big Lake, MN 55309  
 Fax: 763.262.2533  
 Email: ce.biglake.k12.mn.us

Liberty Elementary, Health Assistant  
 17901 205<sup>th</sup> Ave.  
 Big Lake, MN 55309  
 Fax: 763.262.8185  
 Email: ce.biglake.k12.mn.us

**For Coaches:** Please complete this form immediately after the game or practice for head injuries that result in the student being removed from play due to a *possible* concussion.

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

Date of Injury
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Student's Name	Date of Birth	Grade
School Student Attends		
Parent/Guardian Name	Daytime Phone	

Describe the activity the student was participating in at the time of the injury and the nature and extent of the injury.

***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 ACCURATE.***

Please circle one:      Coach              Parent/Guardian

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Big Lake Schools**  
**501 Minnesota Avenue**  
**Big Lake, MN 55309**  
**763-252-2536**

March 14, 2014

Big Lake Youth Basketball Association  
P.O. Box 131  
Big Lake, MN 55309

Dear Big Lake Youth Basketball Association,

As the awareness and concern around concussions continues to grow, Big Lake Schools sees an increasingly important partnership between sports associations and the District.

Many times an injury that occurs during a sports association game or practice is never communicated to the District; however, it is important for the school to be aware of the injury so that teachers can monitor the injured student from an academic stand point.

Additionally, when alerted of a head injury, we start an important communication process with parents to determine if academic accommodations are necessary.

Without knowledge of a head injury, our schools cannot monitor students for concussion signs nor work with parents on accommodation plans, if deemed necessary.

For that reason, Big Lake Schools is requesting that all local sports associations use the enclosed form to report head injuries to our District.

Thank you in advance for your attention to this request and your continued collaboration with Big Lake Schools.

Sincerely,

*Brad Schnitzler*

Brad Schnitzler  
Director of School and Community Activities

Enclosure