

# Injury Report Form

## Player Information – (Please Print Legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Emergency Contact Information

<u>Parent / Guardian 1</u> Full Name	<u>Parent / Guardian 2</u> Full Name
Relationship to Player	Relationship to Player
Home Phone	Home Phone

### CONCUSSION SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"><li>▪ Appears dazed or stunned</li><li>▪ Is confused about assignment or position</li><li>▪ Forgets sports plays</li><li>▪ Is unsure of game, score, or opponent</li><li>▪ Moves clumsily</li><li>▪ Answers questions slowly</li><li>▪ Loses consciousness (even briefly)</li><li>▪ Shows behavior or personality changes</li><li>▪ Can't recall events prior to hit or fall</li><li>▪ Can't recall events after hit or fall</li></ul>	<ul style="list-style-type: none"><li>▪ Headache or "pressure" in head</li><li>▪ Nausea or vomiting</li><li>▪ Balance problems or dizziness</li><li>▪ Double or blurry vision</li><li>▪ Sensitivity to light</li><li>▪ Sensitivity to noise</li><li>▪ Feeling sluggish, hazy, foggy, or groggy</li><li>▪ Concentration or memory problems</li><li>▪ Confusion</li><li>▪ Does not "feel right"</li></ul>

### Family Doctor Contact Information

Treatment Facility	Phone
Physician	Date

## INCIDENT REPORT

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WHAT HAPPENED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL RELEASE

Above listed player has been treated for injuries and may resume participation on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional information: \_\_\_\_\_

Signature of Physician : \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Player : \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_