Appleton Area Hockey Association

CONCUSSION REPORT

Head Injury/Suspected Concussion/Concussion

Approved by: AAHA Board of Directors on 2/28/18

Wisconsin Statute 118.293 subsection (4)(a) and (4)(b) requires that an athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

Concussions that occur as the result of an injury not associated with Appleton Area Hockey Association activities must be reported and documented and the player may not participate in any AAHA Activities until he or she provides a completed medical clearance to return to play form.

Player's Name:_____DOB:_____/_____/_____

_____This head injury was the result of an injury that occurred during an Appleton Area Hockey Association activity.

_____This head injury was the result of an injury **not** associated with an Appleton Area Hockey Association activity.

Player's Head Coach: _____Team: _____

Person Reporting Injury:_____Date of Injury:_____/_____/_____

Where the Injury Occurred: _____
(Location/Name of Rink/City)

Nature, extent of injuries, and symptoms: _____

_____

_____

_____

_____

_____

_____

THIS FORM MUST BE GIVEN TO THE DIRECTOR OF OPERATIONS WITHIN 24 HOURS OF THE INJURY WHENEVER POSSIBLE. THIS PLAYER IS REQUIRED TO HAVE THE MEDICAL CLEARANCE TO RETURN TO PLAY FORM COMPLETED PRIOR TO PARTICIPATING IN ANY APPLETON AREA HOCKEY ASSOCIATION ACTIVITES.