

Concussion Incident Report

Player _____ Date _____

Coach _____

Injury Description:

The following signs and symptoms were observed(circle)

Loss of consciousness	Seizure
Loss of memory	Dazed/Stunned
Confused about events	Slow to answer
Repeating self	Headache
Nausea	Vomiting
Sensitive to light/screens	Sensitive to noise
Dizziness/Balance problems	Double/Blurry Vision
Fatigue/Low energy	Sluggish/"In a fog"
Difficulty concentrating	More emotional
Sadness/Anxious	Numbness/Tingling
Other	

The USA Hockey Concussion Management Protocol and most state statutes require that an athlete be removed from any training, practice or game if they exhibit any signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. The player should not return to physical activity until he or she has been evaluated by a qualified medical provider who has provided written clearance to return to sports.

Berkshire Rattlers Youth Hockey follows the USA Hockey Concussion Management Protocol. By signing below, you acknowledge that your child sustained a head injury and must be evaluated by a medical provider and have him/her complete the USA Hockey Return to Play form before returning to any Berkshire Rattlers Youth Hockey activity.

Parent/Guardian _____ Date _____

Coach _____ Date _____