



FIELD HOCKEY FEDERATION
 2060 E. Avenida de los Arboles #D
 Thousand Oaks, CA 91362

POSSIBLE CONCUSSION NOTIFICATION FORM

To be used when a player has been removed from an athletic activity due to a suspected concussion.

Date of Injury: _____ Time: _____
 Athlete Name: _____ DOB: _____
 Team: _____ Division: _____
 Event: _____

This player may have sustained a concussion during practice or competition. Complete this form and return to any athlete (or parents/guardians if under 18 years of age) that may have a suspected concussion, as well as the FHF Concussion Info Sheet. An athlete **MUST** be removed from an athletic activity due to a suspected concussion¹. Refer to the full FHF Concussion Policy for additional details about concussions and league policy/protocol.

If the injured player starts to show any of the following signs or symptoms, seek medical attention immediately:		
Memory difficulties	Neck pain	Sensitive to light or sound
Worsening headache	Odd behavior	Vomiting
Fatigue/Impaired sleep	Impaired focus/concentration	Slow reactions
Slurred Speech	Impaired coordination	Seizures
Weakness in arms/legs	Irritability/confusion	Difficulty to arouse/very drowsy
Less responsive than usual	Changes in vision	Loss of consciousness

The State of California requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity until he or she has been evaluated by an appropriate health professional and receives written clearance from that health professional authorizing the youth athlete’s return to physical participation in the athletic activity.

By completing and returning this form to the Field Hockey Federation, I confirm that I have been provided with, and acknowledge that, I have read the information contained in this form.

Athlete Name (printed): _____ Date: _____
 Athlete Signature (18 and older): _____
 Parent/Guardian Name (printed): _____ Date: _____
 Parent/Guardian Signature: _____
 Phone Number: _____ Email Address: _____

Coach/Manager/Umpire: Complete and sign this form and request that the athlete or parent/guardian of minor athletes sign and date form. Give one copy to the athlete/responsible party and the original to the Field Hockey Federation.

FHF Official: _____ Position: _____ Date: _____

¹ A “Concussion” is a type of traumatic brain injury as recognized by the Centers for Disease Control and Prevention. A concussion may cause a change in a person’s mental status at the time of the injury including, but not limited to feeling dazed, disoriented, or confused, and may or may not include a loss of consciousness. A concussion may be caused by any type of accident or injury including, but not limited to the following: a fall, blow, bump or jolt to the head or body, the shaking or spinning of the head or body, or the acceleration and deceleration of the head.