SIMSBURY YOUTH LACROSSE

2017 Suspected Head Injury/Concussion Notification Form

Date: ____________________

Dear: ____________________

Your son/daughter _________________________ appeared to have sustained a head injury, perhaps even a concussion, while participating in the Simsbury Youth Lacrosse program.

A description of the event is as follows:____

Please pay close attention for the development of these signs/symptoms *(those already observed/ experienced are checked)***:**

- ❒ **Worsening headache**
- ❒ **"Ringing in the ears"**
- ❒ **Vomiting or nausea Decrease in responsiveness (i.e. delayed answering of questions)**
- ❒ **Memory loss/disorientation Increased drowsiness**
- ❒ **Unconsciousness**
- ❒ **Convulsions**
- ❒ **Increase in balance problems or difficulty walking**
- ❒ **Visual Problems (i.e. blurred, spots, stars, blacking out)**
- ❒ **Sensitivity to light**
- ❒ **Slurring of speech Unequal pupils**
- ❒ **Any other conditions that are not considered "normal".**

IF ANY OF THESE CONDITIONS CONTINUE TO BE OR ARE OBSERVED/EXPERIENCED, PLEASE SEEK MEDICAL ATTENTION IMMEDIATELY!!

If this box is checked, a Physician's note is required for return to play in accordance with the SYL CMP.

Coach's name:_________________________________ **Program**: Boys ☐ Girls ☐
Level: Developmental ☐ - Bantam ☐ - Jr. ☐ - Senior ☐

Parents Notified: **Yes** ☐ / **No** ☐

For SYL Records

MD note received: **Yes** ☐ / **No** ☐

Return to play date: ______________

Return to Participation Protocol Implemented: **Yes** ☐ / **No** ☐

Rehabilitation stage completion:

1. No activity ☐
2. Light aerobic activity ☐
3. Sport specific exercise ☐
4. Non-contact training drills ☐
5. Full contact practice ☐

Additional Comments:____