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**SYCAMORE ATHLETIC CLUB BASKETBALL**

**CONCUSSION AND HEAD INJURY REPORT FORM**

Name of Injured Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injured Person is: \_\_\_\_\_Player \_\_\_\_\_Coach \_\_\_\_\_Spectator \_\_\_\_\_Other

Involved Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person who responded, gave aid, etc.)

Involved Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person who responded, gave aid, etc.)

Witnesses to Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury Occurred During: \_\_\_\_Practice \_\_\_\_Scrimmage \_\_\_\_Game \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other, please specify event

Describe the Injury/Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If the injury results in concussion symptoms observed by the coach or reported by the injured Player, the "Concussion Symptoms Checklist" must be completed.**

Describe exact circumstances which led to injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Was there loss of consciousness? \_\_\_\_\_Yes \_\_\_\_No If yes, please complete the "Concussion Symptoms Checklist” section below.

Was the participant dazed or disoriented? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please complete the "Concussion“Symptoms Checklist" section below.

Was EMS called? \_\_\_\_Yes \_\_\_\_\_No If yes, how long before they arrived?: \_\_\_\_\_\_\_min.

Did participant return to activity? \_\_\_\_\_Yes \_\_\_\_\_No If yes, how long was the participant out?:\_\_\_\_\_\_\_\_\_min.

Was the parent/guardian contacted regarding the injury? \_\_\_\_\_Yes \_\_\_\_\_No

Who contacted the parent/guardian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did parent/guardian take participant to the hospital? \_\_\_Yes \_\_\_No

Describe how the injury was dealt with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Use the back of this form if more space is needed.

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**Concussion Symptoms Checklist:**

**Please place a check mark next to any symptoms you observe or are reported by the**

**injured player.**

**Coaches must remove an athlete exhibiting the signs and symptoms of a concussion**

**during practice or a game. These signs and symptoms include:**

Appears dazed or stunned.

Is confused about assignment or position.

Forgets plays.

Is unsure of game, score or opponent.

Moves clumsily.

Answers questions slowly.

Loses consciousness (even briefly).

Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).

Can’t recall events before or after hit or fall.

Any headache or “pressure” in head. (How badly it hurts does not matter.)

Nausea or vomiting.

Balance problems or dizziness.

Double or blurry vision.

Sensitivity to light and/or noise

Feeling sluggish, hazy, foggy or groggy.

Concentration or memory problems.

Confusion

Does not “feel right.”

Trouble falling asleep.

Sleeping more or less than usual.

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NAME OF PLAYER REMOVED FROM PRACTICE OR DATE PLAYER REMOVED FROM

GAME DUE TO CONCUSSION SYMPTOMS PRACTICE OR GAME

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

NAME OF PERSON COMPLETING THIS FORM

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

SIGNATURE OF PERSON COMPLETING THIS FORM DATE

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

NAME OF HEAD COACH

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

SIGNATURE OF HEAD COACH DATE

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

SAC BOARD PRESIDENT DATE

**A COPY OF THIS COMPLETED FORM MUST BE RETAINED BY THE HEAD COACH**

**THE HEAD COACH MUST PROVIDE A COPY OF THIS COMPLETED FORM TO THE**

**SAC BOARD PRESIDENT**