



**Youth Sports League Suspected Concussion Report**

Today's Date: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Sport: \_\_\_\_\_

**Signs and/or Symptoms**

**Signs Observed by Coaching Staff Member**

- Appears dazed or stunned
- Confused about assignment or position
- Forgets an instruction
- Unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

**Reported by Athlete**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right" or is "feeling down"

Description of How Injury Occurred: \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: Your child has been temporarily removed from all sports activities provided by the Harrisonburg Parks and Recreation Department due to the possibility of a concussion. Based upon the evaluation of your child, using recommended policies and procedures for recognition of potential concussions, your child will not be allowed to return to any sports activities provided by the Harrisonburg Parks and Recreation until a professional physician has provided clearance. It is recommended that your child is evaluated by a healthcare professional as soon as possible. Please bring a copy of this form to the evaluation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_