



Montclair United Soccer Club

INCIDENT REPORT FORM HEAD TRAUMA/CONCUSSION

Date: _____

Players Name: _____

Coach/Trainer: _____

Team: _____

Field/Location: _____

PLEASE PRINT ALL INFORMATION

Brief description of incident: _____

Player Removed from Game?	Yes	No
Parent/Guardian Notified?	Yes	No

Symptoms observed after incident Symptoms may include one or more of the following: (check all that apply)

<input type="checkbox"/>	Loses consciousness
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Nausea/vomiting.
<input type="checkbox"/>	Balance problems or dizziness Exhibits difficulties with balance or coordination
<input type="checkbox"/>	Double vision or changes in vision
<input type="checkbox"/>	Sensitivity to light or sound/noise
<input type="checkbox"/>	Feeling of sluggishness or fogginess
<input type="checkbox"/>	Difficulty with concentration, short-term memory, and/or confusion

<input type="checkbox"/>	Irritability or agitation
<input type="checkbox"/>	Appears dazed, stunned, or disoriented
<input type="checkbox"/>	Is unable to recall events prior to or after the hit, Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
<input type="checkbox"/>	Demonstrates behavior or personality changes
<input type="checkbox"/>	Answers questions slowly or inaccurately
<input type="checkbox"/>	Depression or anxiety
<input type="checkbox"/>	Sleep disturbance

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or Doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

Coach/Trainer: Fill this form out immediately after game and submit to both the parents/guardian of the player and to MUSC via email sportsmanship@montclairsoccer.com

NO player is to return to practice or play without written clearance from their health care provider.

Additional information concerning MUSC Policies can be found on www.montclairsoccer.com

For up-to-date information on concussions: <http://www.cdc.gov/ConcussionInYouthSports/> or www.nfhslearn.com

Updated 8/9/2012 - musc ht concussion incident report form