



SUSPECTED CONCUSSION REPORT

(To be completed by the head coach & provided to the SafeSport administrator at your rink.)

REMOVE THE PLAYER IMMEDIATELY FROM PLAY (TRAINING, PRACTICE, OR A GAME)
INFORM THE PLAYER'S PARENTS

Date of incident: ____/____/____ Time: ____:____ am/pm

Name of person suspected concussed: _____

Location of the incident: _____

Describe how the incident occurred: _____

Describe injuries: _____

First aid given: _____

Name of person administering first aid: _____

If the injured party was a minor, name
of the responsible adult notified: _____

Name of the person
completing this report: _____ Cell phone: _____

The athlete cannot return to participate in any physical activity until the athlete provides written authorization from an appropriate health professional. A copy of the authorization must be provided to your rink's SafeSport administrator.