

Possible Concussed Player Report

Location of Accident / Incident _____

Date and Time of Accident / Incident _____

Injured Party

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

Concussion Symptoms _____

How Did Accident / Incident Occur _____

Notification of Guardian _____ was notified on _____ at _____ by _____ that _____ showed signs of being concussed. Per Roanoke County Parks and Recreation Policy, the parent was notified that _____ was not permitted to return to practice or play until cleared by an appropriate medical provider and a medical release was presented to the _____ Recreation Club.

Report Prepared By

Name _____ Team Responsibility _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Signature

Date

For Recreation Club Use

Incident Report Received On _____

By _____

Recreation Club Title _____

Signature

Date

Signature

Date

Medical Clearance Received On _____

From _____ Relationship to Player _____

TO _____ Recreation Club Title _____

Signature

Date

**STAPLE COPY OF MEDICAL CLEARANCE TO THIS REPORT
AND KEEP AS LONG AS LEGALLY REQUIRED**