Coaches Please Note: Always have the clipboard concussion information sheet in coach’s binder

In the event of an injury or suspected concussion, complete the injury report form (pg. 1 of 4) send copies to the program director and injury coordinator (mowrerfamily4@gmail.com) within 24 hrs of the injury. Emails for program directors are available at www.pennlegacy.org. It is imperative to document and submit the injury form within 24 hrs. of the incident for liability prevention. Page 2 is available if coach needs to provide more detailed information.

The team official must also get the player's pass (if a travel player) from the referee (if during a game) or coach or team manager if not during a game, and attach it to the copy of the Form retained by the team. Do Not Turn Pass In – Retain with team paperwork.

Immediately following the injury, provide parent 1) parent release form, 2) physician release form to be returned to mowrerfamily4@gmail.com or faxed to 459-7511 when released to play. Page 3 the concussion factsheet.

Communicate with the injury coordinator regarding an action plan to keep player involved in practices/games or a workout plan to integrate the player back to full participation.

Injury coordinator will communicate the injury to the parents and administrator who will forward the EPYSA secondary insurance coverage information.

Report all release forms to program directors and injury coordinator: mowrerfamily4@gmail.com

In order for Penn Legacy to ensure compliance with EPYSA requirements, all coaches MUST follow the procedure above for the health of the player.

Any questions can be directed to your program director.
CONCUSSION/HEAD INJURY AND SERIOUS INJURY REPORT FORM

<table>
<thead>
<tr>
<th>Player:</th>
<th>Male/Female:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Coach/Team:</td>
</tr>
<tr>
<td>Date of Incident:</td>
<td>Location:</td>
</tr>
<tr>
<td>Injury Report Form Attached: Yes</td>
<td>Player Pass Attached: Yes</td>
</tr>
</tbody>
</table>

**CONCUSSION OR HEAD INJURY**

The player above was involved in the following incident that may have resulted in a concussion or head injury:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

As a result of the incident, the player was immediately removed from participation and is not permitted to return to practice or participation until a Medical Clearance Form is submitted to Penn Legacy. It is Penn Legacy’s policy to comply with PA Law, Safety in Youth Sports Act, and to protect the health of its players. Therefore, we require injured players to obtain prompt medical care, particularly if the player shows any signs of a concussion or head injury (including headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow” or “foggy,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). Failure to submit a Medical Clearance Form may result in continued suspension from play.

**OTHER SERIOUS INJURY**

The player above was involved in the following incident that may have resulted in a serious injury for which medical examination is advisable:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Date: __________________________  
Signature of Coach/Supervising Adult

Print Name of Coach/Supervising Adult

Confidential/Shared with Authorized Club Personnel Only.  
Original to Parents of Player, Copies to Supervising Coach and Program Director.  
Retain for one year after incident or medical release, whichever is later.

Ed. 6/11/16
# CONCUSSION/HEAD INJURY AND SERIOUS INJURY MEDICAL CLEARANCE FORM

## PART 1: COMPLETED BY PARENT OR LEGAL GUARDIAN

<table>
<thead>
<tr>
<th>Player’s Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age:</th>
<th>Coach/Team:</th>
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<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Date of Last Complete Physical Examination: __________

2. Physician Performing Last Complete Physical Examination: ______________________________

3. Has the player suffered headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow” or “foggy,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep? _____ Yes          _____No

4. Has the player suffered from any other symptom, condition, or injury that has or might, impact his/her ability to safely participate in the sport of soccer? _____Yes          _____No

5. Are you aware of any reason why the player cannot participate safely in athletic training or activity and/or should not receive a full medical clearance to return to athletic activity? _____ Yes          _____No

6. If the answers to any of the preceding questions is Yes, explain, and describe any other facts that should be disclosed prior to examination:

   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

**Parent/Guardian Authorization:** I acknowledge that I must provide a Medical Clearance Form to Penn Legacy before my Player can return to play. The information set forth above is correct to the best of my knowledge.

_________ ____________________________
Date Signature of Parent/Guardian

_________ ____________________________
Phone Print Name of Parent/Guardian
PART 2: MEDICAL EVALUATION COMPLETED BY EXAMINING HEALTH CARE PROVIDER

General Evaluation: (Eyes/Ears/Nose/Throat/Skin/Heart/Lungs/Abdominal/Musculoskeletal) Normal/Abnormal (describe)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Neurological Screening Exam: Concussion/Head Injury Evaluation Normal/Abnormal (describe)

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Injury Report Form attached: _____ Yes

Release Determination: The Player is released to participate as follows (one of the below must be checked):

Unlimited participation _____

Limited participation _____ Describe:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

Medical Clearance Withheld pending further testing/evaluation _____ Describe:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

No athletic participation _____ (estimated date of release) _____________________________________________

Under PA Law, post-concussion/head injury releases must be completed by an MD or DO. By signing this form, the
MD or DO represents that they have complied with this law. For other serious injuries, examination may be
completed and the player released by an MD, DO, PA or NP.

Signature of Health Care Provider Type of Practice Date

Print Name Address Phone Number

Confidential/Shared with Authorized Club Personnel Only.
Original to Parents of Player, Copies to Supervising Coach and Program Director.
Retain for one year after incident or medical release, whichever is later.
# Injury Report Form

**Injury Details:** This report reflects an accurate record of the injured person's reported symptoms of injury.

<table>
<thead>
<tr>
<th>Name of person injured:</th>
<th>DOB:</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date when injury occurred:</td>
<td>Date when injury is evident:</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

**Person injured:**
- [ ] Athlete
- [ ] Coach
- [ ] Other

**Gender:**
- [ ] Male
- [ ] Female

**Supervising Coach:**
- [ ] Signature
- [ ] Signature

**First aid provided by:**
- [ ] Signature

**Time of first aid:**

**Initial Injury:**
- [ ] No treatment required
- [ ] New Injury
- [ ] Aggravated injury
- [ ] Recurrent injury
- [ ] Other

**Nature of injury:**
- [ ] CPR
- [ ] RICER
- [ ] Crutches
- [ ] Sling/splint
- [ ] Dressing
- [ ] Strapping
- [ ] Massage
- [ ] Stretching

**Did the event occur during...**
- [ ] Training
- [ ] Event
- [ ] Other

**Symptoms of injury:**
- [ ] Blister
- [ ] Bleeding nose
- [ ] Cut
- [ ] Lilac bruising/contusion
- [ ] Grazed/abraded
- [ ] Sprain
- [ ] Strain
- [ ] Inflammation/swelling
- [ ] Cramp
- [ ] Dislocation
- [ ] Suspected bone fracture/break
- [ ] Concussion/head injury
- [ ] Loss of consciousness
- [ ] Respiratory problem
- [ ] Spinal injury
- [ ] Cardiac problem
- [ ] Electrical shock
- [ ] Burn
- [ ] Insect bite/sting
- [ ] Poisoning

**Body part injured:**

![Body part diagram]

**How did the injury occur?**
- [ ] Collison with a fixed object
- [ ] Overbalance
- [ ] Collision/contact with another person
- [ ] Overtouch
- [ ] Fall from height/awkward landing
- [ ] Slip/trip
- [ ] Fall stumble on same level
- [ ] Other

**Extra detail regarding how the injury occurred:**

**Was protective equipment worn on the injured body part?**
- [ ] Yes
- [ ] No

**Follow up action:**
- [ ] None
- [ ] Medical practitioner/physiotherapist
- [ ] Hospital
- [ ] Ambulance
- [ ] Other

**Signature of person completing form:**
- [ ] Signature

**Date:** / / 

**Note:** Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records.

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WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS 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
• Just not “feeling right” or is “feeling down”

SIGN OBSERVED BY PARENTS/GUARDIANS:

• Appears dazed or stunned
• Is confused about assignment or position
• Forgets an instruction
• Is unsure of game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes

Please read with your child
**DANGER SIGNS**

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

**WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?**

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**
   A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. **KEEP YOUR CHILD OUT OF PLAY.**
   Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. **TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.**
   Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?**

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture. However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

**HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?**

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child’s teachers, school nurse, coach, speech-language pathologist, or counselor about your child’s concussion and symptoms. As your child’s symptoms decrease, the extra help or support can be removed gradually.

JOIN THE CONVERSATION ➔ [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC’s Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).