

Coaches Concussion Report

Name:	_ Date of Birth	Current Time:	
Team:	Date of Injury	Date of Injury:	
Time of Injury: Parent Name/	Phone:		
Describe injury details:			
 Any athlete who experiences one or modump, blow, or jolt to the head or body removed from practice or game. Athlete is not allowed to return to play/procare professional and cleared for return 	may have a concussion	on and should be immediately	
One pupil larger than the other Repeated vomiting Slurred Speech Convulsions or seizures	Loses consciousness Cannot recognize people or places Has unusual behavior Drowsy and cannot be awakened		
Symptoms Reported by Athlete (Check all Headache or "pressure" in head Nausea or vomiting Balance problems or dizziness Double or blurry vision Sensitivity to light/noise	Concentrati Feeling slug Confusion Does not fee Other:	ion or memory problems ggish, hazy, foggy el "right"	
Appears dazed or stunned Forgets plays Moves clumsily Loses consciousness Is confused about plays	Can't recall Can't recall Answers que	events prior to injury events after injury estions slowly (days of the week etc.) avior changes game, score, opponent	
Completed by:	Signature:		

Contact parent/guardian of the injured athlete and provide this completed form. Continue to monitor athlete until under the care of parent/guardian.

What should I do if I suspect a concussion?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond follow the CDC's "Heads Up" four-step action plan,

- **1. Remove** the athlete from play.
- 2. Ensure athlete is evaluated by an appropriate health care professional.
- **3. Inform** the athlete's parent or guardian.
- **4. Keep** the athlete out of play.

Follow up care instructions:

- o If any symptoms are getting worse seek higher medical attention right away.
- Acetaminophen (Tylenol) is the only pain reliever that should be given for a concussion related headache; avoid ibuprofen (Advil, Motrin) & aspirin for the first 3 days.
- High risk physical activity should be avoided until all symptoms have resolved, low intensity activity as tolerated after 48-72hrs of relative rest.
- o Athlete should initially avoid TV, excessive reading, movies, computer use, tablet use, and texting since these activities may worsen symptoms.
- Your athlete must be seen by a primary care physician or concussion specialist before returning to sports or other activities with risk for head injury.



To be evaluated in clinic, check-in through NOWcare at The Center, 2200 NE Neff Rd location Hours of operation M-F 9am-4pm

For additional information on concussions, see below resources:

The Center Concussion Resources www.thecenteroregon.com
The Center Foundation Resources www.centerfoundation.org
CDC "Heads Up" www.cdc.gov/headsup
The Center on Brain Injury Research and Training https://cbirt.org
SWAY Concussion Testing www.swaymedical.com
ImPACT Concussion Testing www.impacttest.com