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# Wilmot Softball Association

# Suspected Concussion Report Form

Player Name: Date & Time of Injury:

DOB:

Club Name:

Division:

**Injury Description**

Level:

Game/Practice Location:

**Reported Symptoms *(Check all that apply):***

|  |  |  |
| --- | --- | --- |
| * Headache
 | * Feeling mentally foggy
 | * Sensitive to light
 |
| * Nausea
 | * Feeling slowed down
 | * Sensitive to noise
 |
| * Dizziness
 | * Difficulty concentrating
 | * Irritability
 |
| * Vomiting
 | * Difficulty remembering
 | * Sadness
 |
| * Visual problems
 | * Drowsiness
 | * Nervous/anxious
 |
| * Balance problems
 | * Sleeping more/less than usual
 | * More emotional
 |
| * Numbness/tingling
 | * Trouble falling asleep
 | * Fatigue
 |

**Red Flag Symptoms *(Check all that apply):* Call 911 immediately with a sudden onset of any of these symptoms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Headache that worsen |  | Can’t recognize people or places | **Was 911 Called?**Yes No |
|  | Seizures or convulsions |  | Increasing confusion or irritability |
|  | Repeated Vomiting |  | Weakness or numbness in arms/legs |
|  | Loss of consciousness |  | Persistent or increasing neck pain |
|  | Looks very drowsy/can’t be awakened |  | Unusual behavioural change |
|  | Slurred speech |  | Focal neurologic signs (e.g. paralysis, weakness, etc.) |

|  |
| --- |
| **Are there any other observable/reported symptoms:** Yes  No If yes, what:  |
| **Is there evidence of injury to anywhere else on body besides head?:** Yes  No If yes, where:  |
| **Has this player had a concussion before?:** Yes  No  Prefer not to answer If yes, how many:  |
| **Does this player have any pre-existing medical conditions?:** Yes  No  Prefer not to answer If yes, please list: **Does this player take any medication?** Yes  No  Prefer not to answer If yes, please list:  |
| **I [*name of trainer completing this form*]: recommended to the player’s parent or guardian that the player sees a medical professional immediately. A *medical professional includes a medical doctor, family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist or nurse practitioner.***Signature Date: Team Official Role:  |

***PLEASE NOTE:*** *This form is to be completed by the team trainer in the event of a suspected concussion in any Wilmot Softball Association activity. Once this form is complete, give one copy of this report to parent/guardian and the other to the Wilmot Softball Association head offices,* ***EMAIL:*** ***admin@wilmotthunder.com.*** ***Parents are to take this form to a medical professional immediately.***

 ***\* Please review Wilmot Softball Association Concussion Policy for list of appropriate medical professionals for diagnosis.***



**Wilmot Softball Association**

**Concussion Policy Summary**

**STEP 1: A suspected concussion has been identified and player is removed from play**

***When present, most caring adult hold the final decision to remove players with a suspected concussion***

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**STEP 2: Most caring adult completes Wilmot Softball Association (WSA) Suspected Concussion**

**Report Form and provides a copy to:**

**1) Parent/Guardian AND recommend they see a medical professional immediately**

**2) WSA Office:** **admin@wilmotthunder..com**

**STEP 3: Seeing a medical professional and obtaining appropriate diagnosis**

Send medical documentation of diagnosis to team trainer to send to WSA office

**If player is experiencing any general concussion symptoms:**

**Physical:** Headaches, nausea, dizziness, sensitivity to light and noise

**Mental:** Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

**Sleep:** Sleeping more or less than usual, difficulty falling asleep and staying asleep

**Emotional and Behavioural:** Sadness, anger, frustration, nervousness/anxious, irritable

**If player is experiencing any 'Red Flag' Symptoms:**

* Headaches that worsen
* Seizures
* Repeated vomiting
* Looks very drowsy/can't be awakened
* Unusual behavioural change
* Slurred speech
* Can't recognize people or places
* Increasing confusion or irritability
* Weakness or numbness in arms/legs
* Persistent or increasing neck pain
* Change in stage of consciousness
* Focal neurologic signs (i.e. paralysis, weakness, etc.)

**\*Medical professional includes:** Medical doctor, family physician, pediatrician, emergency room physician, sports­ medicine physician,

**Call 911 immediately** to go to nearest Emergency Department

Schedule an appointment immediately with a medical professional. \*Go to nearest Emergency Department if **'Red Flag' Symptoms** appear.

 neurologist or nurse

practitioner.

Documentation from any other source will not be acceptable

**STEP 4: Was a concussion diagnosis received at medical appointment?**

Parent monitors for 24-72 hours in case symptoms appear or worsen

**STEP 5: Enter Stage 1 of WSA Return to Play Protocol**

Send medical documentation of no diagnosis to team trainer to send to WSA office before on-field activity

Receive clearance from team trainer

**Return to game play**

Modified from Parent's Pathway for Child and Youth Concussion for York Region