

Junior Saltdogs League Suspected Concussion Form

NOTE: This form must be completed by the coach if the coach removes a player from a game or practice because of a suspected concussion. The completed form must be given by the coach to the player=s parent/legal guardian as soon as possible (preferably immediately following that game or practice).

Player=s Name: _____

Division: U6 U8 U10 U12 U14 U17

Team name: _____

Head coach: _____

Date and approximate time of injury: _____

Signs and symptoms of a concussion that were observed (check any/all observed and write in any others):

SIGNS OBSERVED BY COACHES

- Appears dazed or stunned
- Is confused about assignment
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Others:

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting or position
- 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
- Does not "feel right"

Actions taken to treat the athlete:

Name of coach completing form: (print name legibly): _____

Name of parent/legal guardian to receive completed form: (print name legibly): _____

Date form was forwarded to parent/legal guardian: _____

Per the requirements of the Nebraska Concussion Awareness Act, this player is not able to participate in further practices or games until the coach is notified by a JSL representative that a completed Medical Clearance Form (available on the JSL website "concussions" page – www.jrsaltdogs.com) has been received.

Make two copies of this form. Give the original to the player's parent/legal guardian, keep one for yourself, and forward one copy to your JSL division commissioner.

