



## Concussion Incident Report Form

Athlete Name:

Team:

Date and time of Incident:

Location (Field/Facility):

Witnesses:

Description of Injury Event:

Observed Signs/Symptoms:

Was the athlete removed from play? (Yes/No):

Who made the removal decision?

Parent/Guardian Notified (Name, Time):

Immediate Care Provided:

Was EMS activated? (Yes/No):

Name of Evaluating Medical Provider (if applicable):

Additional Notes: