



**WAUKEE**  
**LACROSSE**

## 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:

---