



**SYCAMORE BASKETBALL CLUB  
CONCUSSION AND HEAD INJURY REPORT FORM**

Name of Injured Person: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Injured Person is:  Player  Coach  Spectator  Other

Involved Person: \_\_\_\_\_  
(Person who responded, gave aid, etc.)

Involved Person: \_\_\_\_\_  
(Person who responded, gave aid, etc.)

Witnesses to Injury:  
\_\_\_\_\_

Injury Occurred During:  Practice  Scrimmage  Game \_\_\_\_\_ Other, please specify event

Describe the Injury/Symptoms \_\_\_\_\_  
\_\_\_\_\_

**If the injury results in concussion symptoms observed by the coach or reported by the injured Player, the "Concussion Symptoms Checklist" must be completed.**

Describe exact circumstances which led to injury: \_\_\_\_\_  
\_\_\_\_\_

Was there loss of consciousness?  Yes  No If yes, please complete the "Concussion Symptoms Checklist" section below.

Was the participant dazed or disoriented?  Yes  No If yes, please complete the "Concussion Symptoms Checklist" section below.

Was EMS called?  Yes  No If yes, how long before they arrived?: \_\_\_\_\_ min.

Did participant return to activity?  Yes  No If yes, how long was the participant out?: \_\_\_\_\_ min.

Was the parent/guardian contacted regarding the injury?  Yes  No

Who contacted the parent/guardian? \_\_\_\_\_

Did parent/guardian take participant to the hospital?  Yes  No

Describe how the injury was dealt with: \_\_\_\_\_  
\_\_\_\_\_

Use the back of this form if more space is needed.

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**Concussion Symptoms Checklist:**

**Please place a check mark next to any symptoms you observe or are reported by the injured player.**

**Coaches must remove an athlete exhibiting the signs and symptoms of a concussion during practice or a game. These signs and symptoms include:**

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).
- Can't recall events before or after hit or fall.
- Any headache or "pressure" in head. (How badly it hurts does not matter.)
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion
- Does not "feel right."
- Trouble falling asleep.
- Sleeping more or less than usual.

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\_\_\_\_\_  
NAME OF PLAYER REMOVED FROM PRACTICE OR  
GAME DUE TO CONCUSSION SYMPTOMS

\_\_\_\_\_  
DATE PLAYER REMOVED FROM  
PRACTICE OR GAME

\_\_\_\_\_  
NAME OF PERSON COMPLETING THIS FORM

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING THIS FORM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF HEAD COACH

\_\_\_\_\_  
SIGNATURE OF HEAD COACH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SAC BOARD PRESIDENT

\_\_\_\_\_  
DATE

**A COPY OF THIS COMPLETED FORM MUST BE RETAINED BY THE HEAD COACH  
THE HEAD COACH MUST PROVIDE A COPY OF THIS COMPLETED FORM TO THE  
SAC BOARD PRESIDENT**