

Touch Football Concussion Report



Personal Details

Name _____ Email _____
Address _____
P/C _____
Contact Phone Numbers W _____ H _____ M _____

Incident Report Details

Date _____ Time _____ am/pm _____ Team Name _____
Opposition Team Name _____ Venue _____
Filed No _____

Injury and Concussion History

Mechanism and nature of Injury _____

Details of any previous concussions including date, treatment and timeframe for return to competition _____

If a medical practitioner is present, attach completed SCAT5 to this document.

Injured Participant Declaration, or parent/guardian/coach Declaration

To the best of my knowledge, the above details surrounding my injury are true and accurate. I have been given and understand the concussion information sheet.

Name _____ Relation _____
Signature _____
Date _____

Tournament Official Declaration

To the best of my knowledge, the details surrounding the injury are true and accurate. The injured participant is a registered and financial member of our association

Name _____ Position _____
Signature _____ Date _____
Contact Phone Numbers W _____ H _____ M _____
Email _____