



## SUSPECTED CONCUSSION REPORT

(to be completed by the Head Coach and provided to the  
Compuware Youth Hockey SafeSport administrator)

REMOVE THE PLAYER IMMEDIATELY FROM PLAY (TRAINING, PRACTICE, OR A GAME)  
INFORM THE PLAYER'S PARENTS

Date of incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am/pm

Name of person suspected to be concussed: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

Describe how the incident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

First aid given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of person administering first aid: \_\_\_\_\_

If the injured party was a minor, name  
of the responsible adult notified: \_\_\_\_\_

Name of the person  
completing this report: \_\_\_\_\_ Cell phone: \_\_\_\_\_

*The athlete cannot return to participate in any physical activity until the athlete provides written authorization from an appropriate health professional. A copy of the authorization must be provided to Compuware Youth Hockey's SafeSport administrator at [BobD@CompuwareHockey.org](mailto:BobD@CompuwareHockey.org).*