**Purpose:** This form may be used by any school staff to communicate relevant information to the Concussion Management Team (CMT) lead when a student is diagnosed with or suspected of having a concussion.

|  |  |  |
| --- | --- | --- |
| **Student Name:** |  | **Grade:** |
| **Student’s Home School:** |  | **Student ID:** |
| **Incident Type:** |  | **Incident Date:** |
| New Injury | Re-injury |  |
| Other: |  |  |

# Mechanism of Injury:

 Observed

Self-reported

 Referred  Other:

# Concussion Assessment Tool Administered:

 SCAT6 SACVNI

VOMS

Other

**What actions were taken?**

Parents notified and education provided Evaluated by a healthcare professional.

*Please describe:*

Referred to a healthcare professional (athletic trainer, primary care) Referred to urgent or emergency medical services.

Other:

***Student-athletes:***

Student was immediately removed from physical activities and advised not to return until cleared by an appropriate healthcare professional. Coach and parent notified, and education provided.

**Immediate observable signs** – (differences in the student’s behavior that could be observed)

Slow to get up or clutching head

Blank or vacant stare, dazed, stunned and/or altered mental status

Ataxia; balance/gait

or coordination difficulties; clumsy

Amnesia

LOC or lying motionless

Seizure or tonic posturing

Answers questions slowly

# What symptoms\* did the student report?

 Headache/Pressure in the head  Drowsiness  Feeling slowed down  Neck pain  More emotional  Feeling like “in a fog”

 Nausea or vomiting  Irritability  “Don’t feel right”

 Dizziness  Sadness  Difficulty concentrating

 Blurred vision  Nervous or anxious  Difficulty remembering

 Balance problems  Trouble sleeping  Fatigue or low energy  Sensitivity to light  Confusion

 Sensitivity to noise

*\*Adapted from SCAT6*

Davis GA, et al. Br J Sports Med 2017;0:1–8. doi:10.1136/bjsports-2017-097506SCAT5

# Please provide any additional information you would like to share about this incident, or that may assist in supporting the student’s recovery:

**Form completed by:**

*Role* (AT, nurse, coach, etc.):

**Date completed:**