

# 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 Participation 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 \_\_\_\_\_ Relation \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Contact Phone Numbers W \_\_\_\_\_ H \_\_\_\_\_ M \_\_\_\_\_  
Email \_\_\_\_\_