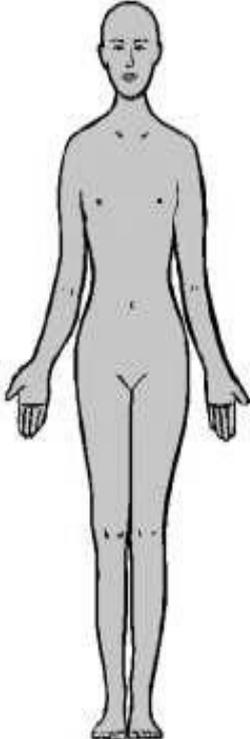
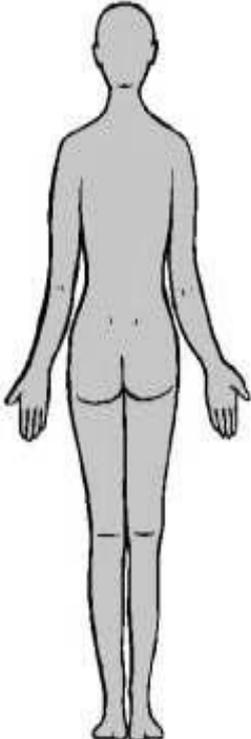




CONCUSSION REPORT FORM - HOCKEY

Name:		
Contact Phone Number:		
Club/Team:	Age: Over 18 <input type="checkbox"/> Under 18 <input type="checkbox"/>	
If under 18 years, has a Parent/Guardian been Advised/Contacted:	YES <input type="checkbox"/> NO <input type="checkbox"/> Name of person contacted _____	
Date of Incident:	____ / ____ / ____	
Activity at time of Incident:	Match <input type="checkbox"/>	Training <input type="checkbox"/>
Cause of Incident:	Ball <input type="checkbox"/> Stick <input type="checkbox"/> Body/Collision <input type="checkbox"/>	
Location of injury (Please Mark on Body Map)	<div style="display: flex; justify-content: space-around; align-items: center;">   </div>	
	<p>DETAILS ON INJURY/INCIDENT:</p> <div style="background-color: #e0e0e0; height: 400px; width: 100%;"></div>	



Action Taken:

Player returned to the field of play:

If the player returns to the field of play, the player’s club accepts that THA has recommended the player stay off the field for the remainder of the game and seek Medical Clearance and absolves THA from any further responsibility in the matter.

Player did not Return to Field of Play:

If the player did not return to the field of play, they must submit a Medical Clearance to THA (hockeymanager@toowoombahockey.com.au) and their club before the player can be eligible to return to training or matches in the two weeks after the incident (See Hockey Australia Concussion Policy – 5.5 Return to Play Protocol).

Team Manager Name:		Contact Number	
Signature		Date	___/___/___
Technical Official Name:		Contact Number	
Signature		Date	___/___/___

All incidents should be reported on this form and returned to THA as soon as possible.

Emergency contact details:
Toowoomba Hockey Association
Phone: (07) 4633 1229
Email: hockeymanager@toowoombahockey.com.au

OFFICE USE ONLY:

Date Recorded:			
Medical Clearance Required:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Clearance Advice/Form Received:	N/A <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Signature			