

### Concussion Reporting

Sport \_\_\_\_\_ Session \_\_\_\_\_ Skill \_\_\_\_\_ Team (opt) \_\_\_\_\_

Date	Age	Hgt"	Wgt#	Impact description (object, player, equipment)	Concussion rating	Date returned to play	Dr's note	Mouth guard
1-Sep	12	66	140	Example: hit with ball	1	7-Sep	Y	Cushion type

