

**School Sport Western Suburbs PSSA Head Injury Recognition and Referral Form**

**General Information**

Player Name: Date of Birth:

Date: Time:

School: Sport:

The injury occurred due to;

Direct head blow or knock

Indirect injury to the head (ie Whip lash)

No Specific injury observed

**Any Red Flags, as outlined in the Concussion Recognition, or potentially serious structural head and/or neck injury call an ambulance. Inform Principal. Call Incident Report and Support Hotline 1800 811 523**

**Removal from Play**

|  |  |  |
| --- | --- | --- |
| If any of the following are observed or reported, the player must be immediately removed from play/training and referred for assessment by a medical Doctor. They are not to return to training/playing that same day.  **Yes No** | | |
| Lying motionless on the playing surface |  |  |
| Slow to get up after a direct or indirect hit to the head |  |  |
| Disorientation or confusion |  |  |
| Blank or vacant look |  |  |
| Balance Disturbance |  |  |
| Unusual behavior changes for the player |  |  |
| Facial injury after head trauma |  |  |
| Memory Impairment (i.e. Memory assessment completed) |  |  |
| Player reports or displays any other concussion symptoms  Please List: |  |  |

*If player reports no to all of the above, give them the Heady Injury factsheet and advise that they still need to be monitored for 24-48 hours as signs and symptoms may emerge up to 48 hours after the impact.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Public School (member school of Western Suburbs PSSA)**

**Teacher Contact Name: Contact Number:**



**Medical Assessment and Clearance – To be completed by a Medical Doctor**

Dear Doctor,

This player, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been referred to you with suspected concussion. It is Western Suburbs School Sport PSSA policy that all players with a suspected concussion or head injury must be assessed by a Medical Doctor as soon as possible after the impact before returning to learn/play. Please refer to the Concussion in Sport Guidelines <https://concussioninsport.gov.au/resources>

Any player diagnosed showing signs and/or symptoms of concussion must follow a Graduated Return to Play (GRTP) program, with further medical assessment if symptoms return.

If the Sporting Body has no mandatory period of time that the player must be withheld from play, the exclusion is based on the individual’s recovery as managed by their medical practitioner. Following Sport Medicine Australia’s concussion guidelines regarding a more conservative approach to Children and Adolescents, School Sport Western Suburbs PSSA recommends **an initial 48 hours cognitive and physical rest** prior to graduated return to learning/play activities. They should be able to attend school **symptom free before commencing GRTP and the protocol should be extended so that the player does not return to collision/contact activities less than 14 days from the resolution of all symptoms**.

**Initial Assessment**

I have assessed the player and understand the information provided and approve them to begin a graduated return to play.

Practioner Name:

Signed:

Date:

**Clearance Approval**

*Once the player has competed the first 4 stages of GRTP without any recurrence of the symptoms, a second consultation is required to clear the player for full training/match play. (Particularly relevant for Basketball, Rugby (all codes), Australian Rules Football, Football (Soccer), Netball, Cricket).*

I have assessed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (players name) following the head injury sustained on the \_\_/\_\_/\_\_\_\_ and approve them to return to full contact training and, if no recurrence to symptoms, they may return to match play as of \_\_/\_\_/\_\_\_\_.

Practitioner Name: Medical Practice Stamp

Signed:

Date: