

Match Day Head Injury

Assessment & Referral form – Ages 12 & Under



SIDELINE FORM (to be completed by the first aid officer on the day of suspected concussion)	
Date:	Player Name:
Parent/Guardian Name:	Parent/Guardian Contact:
Occurred at: <input type="checkbox"/> MATCH <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	Team:
Description of incident:	

RECOGNISE & REMOVE

SECTION 1: RED FLAGS

Identification of Red Flags (tick each box that applies)	
Loss of consciousness <input type="checkbox"/>	Weakness or tingling/burning in the arms or legs <input type="checkbox"/>
Seizure or convulsions <input type="checkbox"/>	Increasing restlessness, agitation, or combative behaviour <input type="checkbox"/>
Deterioration of conscious state <input type="checkbox"/>	Severe or increasing headache <input type="checkbox"/>
Persistent or increasing vomiting <input type="checkbox"/>	Neck pain or tenderness <input type="checkbox"/>
Loss of vision or double vision <input type="checkbox"/>	Visible deformity of skull <input type="checkbox"/>

ACTION: If any red flags present:

Ambulance called (in conjunction with Parent/Guardian)

Proceed to section 3

If no red flags, proceed to section 2

SECTION 2: CONCUSSION SCREENING

If ANY item in section 2 is ticked → Suspected Concussion → NO return to play today.

Importantly, symptoms may develop over minutes or hours following a head injury. This assessment should not be rushed, and it may take up to 15 minutes to complete. **IF IN DOUBT, SIT THEM OUT** for the remainder of the game.

2a: Visible clues (tick each box that applies)	
Slow to get up after hit to head	<input type="checkbox"/>
Disorientation, dazed or blank look	<input type="checkbox"/>
Falling unprotected to surface	<input type="checkbox"/>
Unsteady on feet, balance problems	<input type="checkbox"/>
Clutching or grabbing at head	<input type="checkbox"/>
Facial injury	<input type="checkbox"/>
Additional notes:	

2b: Memory function (tick each box for <i>failed</i> question)	
“Where are we playing today?”	<input type="checkbox"/>
“What activity were you doing?”	<input type="checkbox"/>
“Which half is it now?”	<input type="checkbox"/>
“What team did you play last week?”	<input type="checkbox"/>
“Did your team win the last game?”	<input type="checkbox"/>
Additional notes:	

Section 2 continued over page...

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2c: Symptoms (tick each box that applies)			
Headache	<input type="checkbox"/>	Drowsiness	<input type="checkbox"/>
“Pressure in head”	<input type="checkbox"/>	More sensitive to light or noise	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	“Don’t feel right” or foggy	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	More emotional, sad or anxious	<input type="checkbox"/>
Additional notes:			

SECTION 3: FINAL OUTCOME

FINAL OUTCOME (tick one box only)	ACTION TAKEN
<input type="checkbox"/> One or more red flags i.e. <u>Any box ticked in section 1</u>	Ambulance called, transported to hospital.
<input type="checkbox"/> One or more visible clues, symptoms or errors in memory function i.e. <u>Any box ticked in section 2</u>	If any box is ticked in section 2 this is a suspected concussion under AFL guidelines AND EACH OF THE BELOW STEPS MUST BE ACTIONED. Please tick when completed: <ul style="list-style-type: none"> <input type="checkbox"/> Player removed from play <input type="checkbox"/> Parent/Guardian informed immediately <input type="checkbox"/> Medical assessment recommended <input type="checkbox"/> Parent/Guardian advised written medical clearance required before return to AFL
<input type="checkbox"/> No visible clues, symptoms, errors in memory function or red flags i.e. <u>No box ticked in section 1 or 2</u>	Continue to monitor for signs and symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Player returned to game <input type="checkbox"/> Player did not return to game

SECTION 4:

First Aid Officer Name: _____	First Aid Officer Signature: _____
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Photo taken by Team Manager

Hand original to Parent/Guardian

Form emailed to concussion@oceangrovecobras.com.au immediately by Team Manager