



CONCUSSION INCIDENT COORDINATOR CHECKLIST

For Sport Coordinator / Administrator Use

STEP	ACTION	DATE COMPLETED	INITIALS
	1 INCIDENT REPORT RECEIVED Head Injury / Suspected Concussion Report received from coach.	___ / ___ / ___	☐
	2 PARENT / GUARDIAN NOTIFIED Parent/Guardian has been notified (if not already completed by coach).	___ / ___ / ___	☐
	3 REPORT SENT TO PARENT AND COORDINATOR Copy of report confirmed sent to Parent/Guardian and Coordinator.	___ / ___ / ___	☐
	4 MEDICAL EVALUATION Athlete evaluated by a licensed healthcare provider.	___ / ___ / ___	☐
	5 WRITTEN MEDICAL CLEARANCE RECEIVED Written clearance from licensed healthcare provider received.	___ / ___ / ___	☐
	6 PLAYER HISTORY UPDATED Injury and clearance documented in player file / system.	___ / ___ / ___	☐
	7 RETURN TO PLAY APPROVED Athlete has met all return-to-play requirements; approved to return.	___ / ___ / ___	☐

NOTES:



SAFETY FIRST. WHEN IN DOUBT, SIT THEM OUT.

Player safety is our top priority.

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