

**CYM HEAD INJURY – FORM #1**

**THIS FORM IS TO BE USED AT THE TIME OF A HEAD INJURY ONLY!**

Catholic Youth Ministry takes head injuries very seriously. As per CYM rules, an athlete that receives a potential head injury during a practice or game may not return to the practice/game/contest that day unless a Qualified Health Care Professional (QHCP - State Licensed MD or DO, Registered Nurse, Athletic Trainer Certified, or Physician Assistant) completes the below form and authorizes the athlete's return. If no QHCP is present or if the QHCP present cannot rule out a concussion, it must be assumed the athlete has a concussion and the athlete **MAY NOT** return until such time as the athlete is seen by an MD/DO and the "CYM HEAD INJURY – FORM #2" is provided to the CYM office as noted in CYM rules. If the athlete is dazed or shows symptoms of a concussion, this form is **NOT** to be used and the athlete must be seen by an MD or DO and the CYM Return to Play Form completed.

**TO BE COMPLETED BY COACH OF TEAM PRIOR TO RETURN OF ATHLETE**

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_  
SITE (FIELD/GYM/STADIUM) WHERE INJURY OCCURRED: \_\_\_\_\_  
NAME OF ATHLETE: \_\_\_\_\_  
GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SCHOOL/PARISH TEAM NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_  
HOW HEAD INJURY OCCURRED: \_\_\_\_\_  
COACH OF TEAM: \_\_\_\_\_

**NOTE:** The coach of the team must submit this completed form to the CYM Office (FAX 302-658-7617) no later than 24 hours from the time of the injury AND must complete the CYM online Injury Report within 24 hours.

**TO BE COMPLETED/SIGNED BY QHCP PRIOR TO RETURN OF ATHLETE**

PRINTED NAME OF QHCP: \_\_\_\_\_  
QHCP'S ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
QHCP OFFICE NUMBER: \_\_\_\_\_ MEDICAL LIC # \_\_\_\_\_  
I HAVE RECEIVED HEAD INJURY TRAINING: YES \_\_\_\_\_ NO \_\_\_\_\_

I declare that I am a Qualified Health Care Professional (QHCP). I have examined the above named athlete who received a head injury on above date and I was able to rule out a concussion. The above named athlete is cleared to return to full participation in all CYM athletics.

SIGNATURE OF QHCP: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED/SIGNED BY PARENT/GUARDIAN PRIOR TO RETURN OF ATHLETE**

By signing this document authorizing the above named athlete to return to participation in CYM sports, I agree to release the above named parish/school, the Catholic Diocese of Wilmington, Catholic Youth Ministry and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**UPDATED 06/20/14**