

**CYM HEAD INJURY - FORM #2**

**THIS FORM IS TO BE USED IF THE ATHLETE WITH A HEAD INJURY  
WAS NOT CLEARED BY A QHCP ON THE DAY OF THE INJURY!**

Catholic Youth Ministry takes head injuries very seriously. As per CYM rules, an athlete that receives a potential head injury during a practice, contest or game in which the athlete is dazed or shows symptoms of a concussion as described in the DIAA "Concussion Handout for Parents" the athlete **MAY NOT** return to the practice/game/contest until such time as the athlete is seen by a physician (MD/DO). In addition, this form must be completed by a qualified physician (MD/DO only), the head coach of the team and the parent of the athlete with the head injury and submitted to the CYM Office prior to being authorized to return to participate in the CYM Sports program.

**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: \_\_\_\_\_

**Doctor's Clearance:**

\_\_\_ - I have personally evaluated the above athlete on \_\_\_\_\_ and performed a thorough history and physical exam.

\_\_\_ - I was able to rule out a concussion.

\_\_\_ - I treated the above individual for a concussion and the above individual is now released to participate fully in all CYM sports without restrictions as of \_\_\_\_\_ (Date).

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

SIGNATURE OF PHYSICIAN: \_\_\_\_\_ 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: \_\_\_\_\_