

CYM HEAD INJURY FORM

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: _____

UPDATED 06/08/17