

## CONCUSSION AFTER CARE FORM



DATE OF SUSPECTED CONCUSSION:

PLAYER NAME:

AGE:

RUGBY CLUB:

SCHOOL:

(ALL PLAYERS MUST SHOW THIS TO THEIR PARENTS, CARERS, SCHOOL OR PLACE OF WORK REGARDING THIS SUSPECTED CONCUSSION)

THIS PLAYER IS OF CONCERN AND CONCUSSION IS SUSPECTED. IT IS RECCOMENDED THAT, IN ALL CASES OF SUSPECTED CONCUSSION, THE PLAYER IS REFERRED TO A MEDICAL PROFESSIONAL FOR DIAGNOSIS AND GUIDANCE AS WELL AS RETURN TO PLAY DECISIONS, EVEN IF THE SYMPTONS RESOLVE. PLEASE MAKE SURE YOU SEEK CLEARANCE BY A DOCTOR BEFORE RETURNING TO PLAY.

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