



<b>How Did It Happen:</b> <input type="checkbox"/> Collision with a player <input type="checkbox"/> Collision with an object <input type="checkbox"/> Struck by ball <input type="checkbox"/> Heading the ball <input type="checkbox"/> Insect bee/sting <input type="checkbox"/> Overuse <input type="checkbox"/> Sudden collapse <input type="checkbox"/> Temperature related (heat stress) <input type="checkbox"/> Other _____	<b>Care Provided By:</b> <input type="checkbox"/> Coach <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Other _____ <hr/> <b>If Treated At Hospital:</b> <input type="checkbox"/> Transported by ambulance <input type="checkbox"/> Transported by personal	<b>Immediate Treatment:</b> <input type="checkbox"/> Ice, Compression, Elevation <input type="checkbox"/> Rest <input type="checkbox"/> Dressing for cuts/abrasions <input type="checkbox"/> Sling/Splint <input type="checkbox"/> CPR <input type="checkbox"/> AED <input type="checkbox"/> Spine stabilization <i>Note: Any athlete with a suspected concussion must be removed from play and not return to activity until evaluated and cleared by a professional</i>
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**Person Completing Form:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Reporting Procedure to Durango Rapids SC:**

Coaches will notify Rio Rapids Durango SC of any injury or suspected concussion that should be evaluated by a medical professional (e.g. physician, nurse, athletic trainer). An injury report form will be completed by the coach or team manager and returned to the Club within 48 hours of the injury. Any injury requiring activation of the Rio Rapids Durango SC Emergency Action Plan should be reported to the Club no later than the end of that day by text/phone to Kate Stahlin (970) 946-7719

Please send completed forms by email to: Kate Kelly (katedurangosoccer@gmail.com)