

# Rowan's Law – Concussion Awareness

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**London Ice Dawgs Youth Hockey Club**  
**Remove/Return to Sport Form**  
**NO SIGNS OR SYMPTOMS AT TIME OF INCIDENT**

This form is provided to the parent or guardian in conjunction with the SCAT 5 tool to identify a suspected Concussion.

**Players Name:** \_\_\_\_\_

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

**Results of initial assessment: please check all boxes that apply**

- |   |
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| <p><input type="radio"/> <b>NO SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT</b><br/>However, signs or symptoms can appear immediately after the injury or may take hours to days to emerge.<br/>Your child will not be permitted to return to play for a minimum of 48 hours<br/>Parents are encouraged to observe their player using the SCAT 5 Tool for 48 hours before allowing them to return to play.<br/><b>Always seek medical attention if in doubt or if symptoms arise.</b></p> |
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\_\_\_ I have observed my child for 48 hours using the SCAT 5 tool to identify a Suspected Concussion.

1. \_\_\_ There have been no other signs or symptoms during this assessment period

**OR**

2. \_\_\_ There have been signs or symptoms during this assessment period and my child has seen a medical practitioner.

If your child has seen a medical practitioner

1. \_\_\_ My child has NOT been diagnosed with a concussion. ***I understand that written medical clearance must be given to the London Ice Dawgs before my child may return to the ice.***

**OR**

2. \_\_\_ My child has been diagnosed with a concussion and therefore must begin medically supervised, individual and gradual Return to Sport plan. ***I understand that written medical clearance must be given to the London Ice Dawgs before my child may return to the ice.***

Parents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

# Rowan's Law – Concussion Awareness

London Ice Dawgs Youth Hockey Club  
Remove/Return to Sport Form

**SIGNS OR SYMPTOMS AT TIME OF INCIDENT or DURING OBSERVATION PERIOD**

Players Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNS OR SYMPTOMS OBSERVED AT TIME OF INCIDENT**

*Players should be taken to a physician or nearest hospital immediately!*

Players will not be permitted to return to the ice until medical clearance has been approved and the required documentation has been submitted.

**SIGNS OBSERVED – Tick all that apply**

- Headache
- Dizziness
- Ringing in the ears
- Memory loss
- Nausea
- Light sensitivity
- Drowsiness
- Depression
- Just not right

**IS THE PLAYER**

- Conscious
- Unconscious

**AMBULANCE REQUIRED**

- YES
- NO

\_\_\_ My child has seen a medical practitioner

1. \_\_\_ My child has NOT been diagnosed with a concussion. ***I understand that written medical clearance must be given to the London Ice Dawgs before my child may return to the ice.***

**OR**

2. \_\_\_ My child has been diagnosed with a concussion and therefore must begin medically supervised, individual and gradual Return to Sport plan. ***I understand that written medical clearance must be given to the London Ice Dawgs before my child may return to the ice.***

Parents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_