



Concussion Incident Report

Date of Incident: _____
(DD/MM/YYYY)

Location: _____ Time: _____

Name of Injured Person: _____

Contact Info of
Injured Person: _____

Name of
Emergency Contact: _____

Contact Info of
Emergency Contact: _____

Describe the incident. Include as much detail as possible:

*Please use back page if more space is needed



Questions to ask injured party:

- What is your name?
- What day of the week is it today?
- Name of your team and team captain?
- The match ground where you are playing?
- Is your team batting or fielding?

Replacement Player: _____

Form Completed by:

Name: _____

Contact #: _____

Form to be returned to the BCB and a copy will be provided to the players' club.

Charities House, 25 Point Finger Road, Paget, DV 04 • P.O. Box HM 992, Hamilton HM DX, Bermuda
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