



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**

*This is the only form to be accepted as "current written documentation" concerning a player required to wear a hard-cast.*

**FOOTBALL HARD CAST/CONCUSSION REPORT FORM**  
**COPY AND RETAIN THIS FORM FOR FUTURE USE.**

KHSAA Form FB116  
Rev. 8/00

National Federation football rules state the following in Article 1-5-3, Illegal Equipment, listing what is illegal, 'Hard substance in its final form such as leather, rubber, plastic, plaster, or fiberglass when worn on the hand, wrist, forearm, or elbow unless covered on all exterior surfaces with no less than 1/2 inch thick, high-density, closed-cell polyurethane or an alternate material of the same minimum thickness and with similar physical properties to protect an injury as directed in writing by a licensed medical physician.' If a football player is to play in a game with this type of cast for protection of an existing injury, this form must be completed and presented to the Referee and Umpire prior to the game during the pre-game meeting.

\_\_\_\_\_ from \_\_\_\_\_  
Player's Name (Print or Type) High School Name (Print or Type)

has been directed to wear a hard cast for the protection of : \_\_\_\_\_  
*General description of broken bone here*

Mark the location(s) of the fracture(s) on the silhouette below. It is important that the location of the injury be properly marked.)



**RETURN TO PARTICIPATION TIME FRAME/COMMENTS AND RESTRICTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (Please print or type) \_\_\_\_\_ Today's Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_  
*(this form valid for fourteen days from this date)*

National Federation football rules state the following in Article 3-5-10, Charged and Officials' Time Outs, listing the various types of time-outs, '(b) An apparently unconscious player is determined by the game officials. The player may not return to play in the game without written authorization from a physician. This time-out, if not charged, is an official's time-out'. If a football player is to return to the game following such determination by the official, this form **may** serve as verification that the player is able to return to play.

\_\_\_\_\_ from \_\_\_\_\_  
Player's Name (Print or Type) High School Name (Print or Type)

This player may return to contact action participating in football.

Physician's Name (Please print or type) \_\_\_\_\_ Today's Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Time of day: \_\_\_\_\_