

Possible Concussion Notification For US Youth Soccer Events

Today, ________, 2_____, at the _______[insert

name of event],	[insert play	er's name] received a possible
		ccer and Staff want to make you aware which may require further evaluation
It is common for a concussed child There are four types of symptoms:	. •	re one or many concussion symptoms. motional, and sleep.
	•	ptoms, or there any other symptoms daughter, you should consider seeking
 - Memory difficulties - Headaches that worsen - Vomiting - Focus issues - Seizures - Weakness/numbness in arms/legs 	Neck painOdd behaviorFatiguedIrregular sleepPatternsSlurred speech	 Delicate to light or noise Repeats the same answer or question Slow reactions Irritability Less responsive than usual

Please take the necessary precautions and seek a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, please consider the following guidelines:

- refraining from participation in any activities the day of, and the day after, the occurrence.
- refraining from taking any medicine unless (1) current medicine, prescribed or authorized, is permitted to be continued to be taken, and (2) any other medicine is prescribed by a licensed health care professional.
- refraining from cognitive activities requiring concentration cognitive activities such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please contact a medical doctor or doctor of osteopathy who specializes in concussion treatment and management.

Please be advised that a player who suffers a concussion may not return to play until there is provided a signed clearance from a medical doctor or doctor of osteopathy who specializes in concussion treatment and management.

Player's Team:	
Age Group:	
Player Name:	Gender:
Player Signature:	Date:
Parent/Legal Guardian Signature:	Date:
Team Official Signature:	Date:
By inserting my name and date and returning this Notification Form, I confirmith, and acknowledge that, I have read the information contained in the Form by mail, send it to the following address: 9220 World Cup Way, Frisco, TX 75034. If returning this Form by email, send national office @usyouthsoccer.org.	rm. If returning the signed
US Youth Soccer Notification: Yes No If yes, method and recipient:	

References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf. April 22, 2011.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82. http://www.nfhs.org.

April 21, 2011.

Children's National Medical Center. "Safe Concussion Outcome, Recovery & Education (SCORE) Program." Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH. http://www.childrensnational.org/score. June 27, 2011.