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**Possible Concussion Notification**

**For US Youth Soccer Events**

Today, , 2 , at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[insert name of event], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert player’s name] received a possible concussion during practice or competition. US Youth Soccer and Staff want to make you aware of this possibility and signs and symptoms that may arise which may require further evaluation and/or treatment.

It is common for a concussed child or young adult to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention:

- Memory difficulties - Neck pain - Delicate to light or noise

- Headaches that worsen - Odd behavior - Repeats the same answer or

- Vomiting - Fatigued question

- Focus issues - Irregular sleep - Slow reactions

- Seizures Patterns - Irritability

- Weakness/numbness in - Slurred speech - Less responsive than usual

 arms/legs

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 confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form. If returning the signed Form by mail, send it to the following address:*

*9220 World Cup Way, Frisco, TX 75034. If returning this Form by email, send it to the following address:* *nationaloffice@usyouthsoccer.org**.*

*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.

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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](http://www.childrensnational.org/score).

June 27, 2011.