



The Game for All Kids!

Possible Concussion Notification For OYSAN Soccer Events

Today,	, 2, at t	:he	[insert
name of event],	[insert play	er's name] received a po	ossible
concussion during practice or com	petition. US Youth So	ccer and Staff want to m	ake you aware
of this possibility and signs and syr and/or treatment.	nptoms that may arise	e which may require furt	her evaluation
It is common for a concussed child There are four types of symptoms:	· -	' - '	on symptoms.
If your daughter or son starts to sh you notice about the behavior or c immediate medical attention:			
- Memory difficulties	- Neck pain	- Delicate to light or r	noise
- Headaches that worsen	- Odd behavior	- Repeats the same a	
- Vomiting	- Fatigued	question	
- Focus issues	- Irregular sleep	- Slow reactions	
- Seizures	Patterns	- Irritability	
 Weakness/numbness in arms/legs 	- Slurred speech	- Less responsive that	n 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	e:	Date:

<u>Parent/Legal Guadian:</u> By inserting my name and date, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form.

<u>Coaches/Officals:</u> Retain this signed copy for your records. If the parent/legal guardian requests a copy, please fill out in duplicate or photocopy the original for them.

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.

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