



SAA Recreational Soccer Concussion Notification Form

Adapted from the CDC Heads-Up Concussion in Youth Sports

Players Name _____ Sport: Recreational Soccer

Date of Injury: _____ Team # _____ Coach _____

The above named player may have sustained a concussion during a soccer event. Any athlete that sustains a bump, blow, jolt to the head, or a blow to another part of the body with the force transmitted to the head and/or is exhibiting signs and symptoms of a concussion **MUST** be removed from play immediately. Even though most concussions appear mild, all concussions are serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Concussions are invisible and most concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or may take hours or days to fully appear. For the latest information about concussions and symptoms, visit: www.cdc.gov/ConcussionInYouthSports/.

• Headaches or pressure in head	• Dazed or stunned appearance	Seek Immediate Medical Care
• Nausea or vomiting	• Unsure of game or score	• Double Vision
• Balance problems or dizziness	• Moves Clumsily	• Prolonged Amnesia
• Concentration or memory problems	• Answers questions slowly	• Seizures or Convulsions
• Blurry or fuzzy vision	• Shows personality change	• Loss of Consciousness
• Sensitivity to light or noise	• Can't recall events prior to hit/fall	• Slurred Speech
• Confused	• Doesn't feel right	• Repeated vomiting
		• Worsening Headaches
		• Worsening Symptoms
		• Prolonged Confusion

If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention immediately.

Since the coach has determined that the player may have sustained a concussion, the player was removed from the activity, for a short period of time or for the remained of the soccer activity. Remember it is better to miss one game than to jeopardize the child's playing career. **When in doubt, sit them out!**

By my signature below, I acknowledge that I have received a copy of this form and agree that I have read and understand the information contained in the form.

Print Name of Parent/Guardian/Responsible Party _____

Relationship to Injured Player _____

Signature of Parent/Responsible Party _____ Date _____

Signature of Team Coach/Manager _____ Date _____