

## Concussion Notification Form

**Athlete name** \_\_\_\_\_ **Date of injury** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Area** \_\_\_\_\_ **District** \_\_\_\_\_

**Coach name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Injury occurred during:** *(please circle one)*

Practice   Game   Scrimmage   Tournament   Other

**How did the injury occur?**

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During soccer activities your child/athlete may have received a concussion. It is very important both you and your athlete understand the implications of a concussion and be aware of the steps that need to be followed before the athlete can return to the field of play for practice or games.

When experiencing a concussion it is common to have one or many symptoms. Please refer to SAY concussion parent information sheet which was given to you by your Area/District for a list of symptoms. Concussion symptoms can occur right away or up to 48 hours after injury.

Please be advised that an athlete who is removed from play due to a suspected concussion may not return to the field of play the same day under any circumstances. The child/athlete may not return to practice or any soccer activity until a doctor has provided a written release permitting return to play. The signed medical release must be presented to the coach and SAY league officials prior to re-entering team activities.

**Coach signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Athlete signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Referee signature** \_\_\_\_\_ **Date** \_\_\_\_\_