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**Possible Concussion Notification**

Today, , 2 , at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ received a possible concussion during practice or competition. US Youth Soccer and Staff want to make you aware of this possibility and symptoms that may arisewhich may require further evaluation and/or treatment.

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 medicalattention:

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

- Headaches - Odd behavior - Repeats the same answer or

- Vomiting - Fatigued question

- Focus issues - Irregular sleep - Slow reactions

 Patterns

Please take the necessary precautions and consider seeking 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:

* refrainingfrom participation in any activities the day of, and the day after, the occurrence.
* refrainingfrom 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.

If you are unclear and have questions about the above symptoms, please contact a licensed health care professional. Please be advised that aplayer who suffers a concussion may not return to play until there is provided a signed clearance from a licensed medical doctor who specializes in concussion treatment and management.

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Team OfficialSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*By inserting my name and date as parent/legal guardian and returning this Form electronically, 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:*

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