



United Soccer Athletes (USA) Soccer Club

Concussion/Serious Injury Form

United Soccer Athletes (USA) Soccer Club strives to put the well-being of our players above all else. In keeping with the state and federal Heads Up Concussion Awareness Program, our Club has developed a process for coaches and parents to follow in the event of a potential concussive head injury or other serious injury.

This is a multi-part, interactive process that requires activity by the Club, the coach (or other team representative), and the player's parent/guardian and or physician. Following and completing the balance of this document and attachments will fulfill the process.

I, _____ (team coach or representative) learned of _____ (player) potential concussive head/other serious injury by:

personally witness report from another coach report from other: _____
 report from the player report from referee
 report from another player report from parent (specify) _____

Based on identifying the potential injury, I immediately stopped the player from all activity and proceeded with the CDC head injury symptom identification (attached on page 2) or other first aid and contacted the player's parents/guardians. As appropriate, I also:

consulted the on-site medical professional called 911

Upon contacting the player's parents, I:

1. Discussed the incident.
2. Recommended that the player be assessed by a medical professional.
3. Provided them with the CDC Heads Up Parent Fact Sheet.
4. Explained that their child would not return to activity until they were symptom-free.
5. Explained that their child would not return to activity until receiving written approval for activity.
6. Gained acknowledgement from the parent that the above information was shared.

I, _____ (player's parent/guardian) acknowledge the above by signing here - _____.

The player was allowed to return to activity based on receiving approval from:

player's parent: I, _____ (player's parent/guardian) take full responsibility for the medical condition of my child and provide approval for my child to return to activity by signing here - _____.

physician: Attached is an official medical form indicating that the player may return to activity.

Upon completion of all of the above sections, I am providing the completed form and all attachments to the Club Board of Directors for maintenance.

I acknowledge this by signing here - _____.

The Club acknowledges receipt by signing here - _____.