



INSTRUCTIONS

Coaches

1. When you suspect a concussion has occurred, immediately pull the player from participation.
2. Complete both parts of the form below, and have the player and parent sign the bottom half. Give the top half to the parent and return the bottom half to the technical director within 24 hours of the incident.
3. If a parent is not available at the field, give the form to the player and call the parents the same day to advise them of the incident.

Parents

1. Sign the form below to acknowledge that you know the incident has occurred.
2. Once any symptoms have subsided, seek clearance from a medical professional trained in concussions for your player to return to play. Idaho Rush can help you find such a professional. Call 336-6512.
3. Bring a signed copy of your player's clearance to your coach.
4. More information about Idaho Rush's concussion policy is available at www.idahorush.com

Possible Concussion Notice for Parents

On _____ (Month, date, year), your or son/daughter _____ (Player name) was removed from a game or practice because he or she received a possible concussion. Idaho Rush Soccer wants to make you aware of this possibility and note the symptoms you should watch for over the next 24 hours. **If your player starts to show the following symptoms or if you notice other changes in your player's behavior, you should consider seeking immediate medical attention:**

- | | | |
|-------------------------|----------------------------------|-----------------------------------|
| - Difficult with memory | - Neck pain | - Sensitivity to light or noise |
| - Headaches | - Double vision or blurriness | - Ringing noise in ears |
| - Nausea or vomiting | - Slurred speech | - Slow reactions & body movements |
| - Difficulty focusing | - Difficulty answering questions | - Irregular sleep patterns |
| - Trouble with balance | - Dizziness or clumsiness | - Odd behavior |

Any player removed from a game or practice due to a possible concussion will not be allowed to return to play until the athlete is evaluated and cleared to return, in writing, by a health care professional trained in evaluating/managing concussions.

Possible Concussion Notice for Coach and Club

On _____ (Month, date, year), your or son/daughter _____ (Player name) was removed from a game or practice because he or she received a possible concussion. Idaho Rush Soccer wants to make you aware of this possibility and note the symptoms you should watch for over the next 24 hours. **If your player starts to show the following symptoms or if you notice other changes in your player's behavior, you should consider seeking immediate medical attention:**

- | | | |
|-------------------------|----------------------------------|-----------------------------------|
| - Difficult with memory | - Neck pain | - Sensitivity to light or noise |
| - Headaches | - Double vision or blurriness | - Ringing noise in ears |
| - Nausea or vomiting | - Slurred speech | - Slow reactions & body movements |
| - Difficulty focusing | - Difficulty answering questions | - Irregular sleep patterns |
| - Trouble with balance | - Dizziness or clumsiness | - Odd behavior |

Any player removed from a game or practice due to a possible concussion will not be allowed to return to play until the athlete is evaluated and cleared to return, in writing, by a health care professional trained in evaluating/managing concussions.

The above notice was received by player _____ Date _____

The above notice was received by parent _____ Date _____

Return this form to the technical director within 24 hours.