



Soaring Capital Soccer Club Notification of Possible Concussion

Today, _____, 20____, at time: _____ while participating in the following:

DESCRIBE ACTIVITY (PRACTICE OR COMPETITION), LOCATION AND TIME OF DAY

(Player's Name) _____ received a possible concussion during practice or competition. Soaring Capitals Soccer Club wants to make you aware of this possibility and of symptoms that may arise which may require further evaluation and/or treatment.

If your daughter or son starts to show signs of these symptoms, or if there any other concerns you notice about the behavior or conduct of your son or daughter, you should consult your child's doctor and consider seeking immediate medical attention:

- | | | |
|-----------------------|----------------------------|---------------------------------------|
| - Memory difficulties | - Neck pain | - Delicate to light or noise |
| - Headaches | - Odd behavior | - Repeats the same answer or question |
| - Vomiting | - Fatigued | - Slow reactions |
| - Focus issues | - Irregular sleep 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 obtained, please consider the following recommended guidelines:

- Refrain from participation in any sports or competitive activities the day of, and the day after, the occurrence.
- Refraining from 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 have any questions or concerns about these possible symptoms or your child's health, please contact a licensed health care professional. **Please be advised that a player who suffers a concussion may not return to play until a signed clearance from a licensed medical doctor is provided.**

Parent/Legal Guardian Signature: _____ Date: _____

Team Official Signature: _____ Date: _____

By inserting my name and date as parent/legal guardian, I confirm that I have been provided with, and acknowledge that, I have read the information contained in this Form.

THIS FORM MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND RETURNED TO SCSC PRIOR TO THE PLAYER RETURNING TO PLAY.

Concussion Procedure and Protocol Info Form for US Youth Soccer Events

Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases.

CONCUSSION SIGNS, SYMPTOMS, AND MANAGEMENT AT TRAINING AND COMPETITIONS

Step 1: Did a concussion occur?

Evaluate the player and note if any of the following signs and/or symptoms are present:

1. Dazed look or confusion about what happened.
2. Memory difficulties.
3. Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
4. Short attention span. Can't keep focused.
5. Slow reaction time, slurred speech, bodily movements are lagging, fatigue, and slowly answers questions or has difficulty answering questions.
6. Abnormal physical and/or mental behavior.
7. Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2: Is emergency treatment needed?

This would include the following scenarios:

1. Spine or neck injury or pain.
2. Behavior patterns change, unable to recognize people/places, less responsive than usual.
3. Loss of consciousness.
4. Headaches that worsen
5. Seizures
6. Very drowsy, can't be awakened
7. Repeated vomiting
8. Increasing confusion or irritability
9. Weakness, numbness in arms and legs

Step 3: If a possible concussion occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1-2 hours, without returning to any activities:

1. Balance, movement.
2. Speech.
3. Memory, instructions, and responses.
4. Attention on topics, details, confusion, ability to concentrate.
5. State of consciousness
6. Mood, behavior, and personality
7. Headache or "pressure" in head
8. Nausea or vomiting
9. Sensitivity to light and noise

Players shall not re-enter competition, training, or partake in any activities for at least 24 hours (Unless player shows no signs of a concussion, and the player's parent / guardian returns the completed and signed form, page 1). Even in the event a parent / guardian signs the form a player's return within 24 hours is at the coach's discretion and best judgement.

Step 4: A player diagnosed with a concussion may return to play only after release from a medical doctor or doctor of osteopathy specializing in concussion treatment and management.

References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005.

National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82.

(Content borrowed from US Youth Soccer. For more information see the following:
http://www.usyouthsoccer.org/news/concussion_resources_from_cdc/?story_id=5962*)*