



United Valley Soccer Association

938 Center Street, Hawthorn, PA 16230

P.O. Box 250, Hawthorn, PA 16230

www.unitedvalleysoccer.com



Concussion Notification Form

Athlete's 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?

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 _____