



Concussion Notification Form

Athlete name _____ **Date of injury** _____

Parent/Guardian _____

Age Group _____ **Team Name** _____

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** _____