



# UNITED FUTBOL ACADEMY MEDICAL RELEASE FORM

[www.UnitedFA.org](http://www.UnitedFA.org)

I, \_\_\_\_\_ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the people listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NO. \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

PHYSICIAN'S PHONE \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

**In case I cannot be reached, any of the following individuals are designated to act on my behalf.**

COACH \_\_\_\_\_

ASSISTANT COACH \_\_\_\_\_

MANAGER \_\_\_\_\_

Any league representative where my child is playing \*

Any tournament representative where my child is participating in a tournament

**What is a concussion?** A concussion is a type of traumatic brain injury—or TBI— caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth.

**Has player ever experienced a TBI or jolt to the head or body (with or without diagnosis)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

**Did player experience any of these symptoms after receiving a bump or jolt to the head or body?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Has player experienced more than one TBI?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_ Dates (month/year): \_\_\_\_\_

**Has player ever received medical attention for a TBI?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the diagnosis and circumstances: \_\_\_\_\_

What date was the player cleared to Return To Play by the medical professional? \_\_\_\_\_

\_\_\_\_\_ I acknowledge that UFA has provided me with access to the CFD Heads Up Concussion Fact Sheet along with instructions to view the CDC Concussion Video. I understand that all documentation can also be found on UFA's website at [forsyth.unitedfa.org/concussion-policy](http://forsyth.unitedfa.org/concussion-policy).

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_