



# 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 signed 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, I authorize my coach, asst. coach, team manager or any league or tournament representative where my child is playing to act on my behalf and obtain medical assistance for my child, if necessary.**

**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.uniteddfa.org/concussion-policy](http://forsyth.uniteddfa.org/concussion-policy).

**Subscribed and Sworn before me,**

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

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC