

Notification of Possible Concussion for Georgia Soccer Events

(Please complete this form in duplicate, keeping one signed copy)

Today, _____ [month & day], 2 _____ [year], during practice / game [circle which] held at

_____ [insert field/venue],

_____ [insert player's name] received a possible concussion.

We want to formally advise you of this possibility, and also remind you of the signs and symptoms that may arise from such an injury which shall require further evaluation and/or treatment by a Georgia licensed medical professional.

Having been so notified of this possible head injury, your child will not be allowed to participate in any further Georgia Soccer sanctioned games or practices until your child is evaluated by an authorized Health Care Provider who subsequently provides us with a written approval for your child to safely return to play. This authorization form is found below. This decision is made in the best interest of your child's safety and well-being.

It is common for a concussed player to have one or many concussion symptoms. There are four types of symptoms: physical, cognitive, emotional, and sleep.

If your daughter or son starts to show signs of these symptoms, or there any other symptoms you notice about the behavior or conduct of your son or daughter, you should consider seeking immediate medical attention. These symptoms might include, among other signs, the following:

- | | | |
|-----------------------------|---------------------------------|-----------------|
| -Memory difficulties | -Less responsive than usual | -Neck pain |
| -Delicate to light or noise | -Headaches that worsen | -Odd behavior |
| -Repeats the same answer | -Vomiting | -Slurred speech |
| -Focus issues | -Irregular sleep | -Slow reactions |
| -Seizures Patterns | -Weakness/numbness in arms/legs | -Irritability |

Please take the necessary precautions and seriously consider seeking a professional medical opinion should your child exhibit any of the above symptoms. Georgia Soccer requires that your medical professional also clears your child for return to soccer activity before you allow your daughter or son to participate further. Until you, as parent or legal guardian, get authorization for your child to return to play after seeking a professional medical opinion, please consider the following guidelines for your child:

- Refrain from participation in any activities the day of, and the day after, the occurrence.
- Refrain 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.
- Refrain from cognitive activities requiring concentration such as TV, video games, computer work, and text messaging if they are causing symptoms.

If you are unclear and have questions about the above symptoms, please immediately contact a medical doctor for evaluation and/or clarification on your child's condition.

Your child **will not** be permitted to return to play in any Georgia Soccer affiliated activity until you sign and return the **“RETURN TO PLAY” FORM**.

(Signature of Affiliate Coach/Representative)

(Signature of Parent or Legal Guardian)