

## Notification of Possible Concussion For Georgia Soccer Events

(Affiliate will 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 might require further evaluation and/or treatment by a medical professional.

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 strongly encourages 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, authorize your child to return to play (preferably 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" AUTHORIZATION** form.

\_\_\_\_\_  
(Signature of Affiliate Coach/Representative)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

**GEORGIA SOCCER "RETURN TO PLAY" AUTHORIZATION**

(To be signed by the Player's Parent or Legal Guardian and Returned to the Affiliate)

*By inserting my name and date below, and returning this "Return to Play" Form to my local Georgia Soccer Affiliate, I acknowledge that I have read the information contained in the original notification form. I also acknowledge that I am the player's parent or legal guardian and that I have been advised by Georgia Soccer of common Concussion symptoms, including the importance in seeking professional medical guidance before authorizing my child's return to play soccer within any Georgia Soccer sanctioned activity.*

**Please be advised that a player formally identified as suffering a possible concussion injury may not return to play until the player's parent or legal guardian confirms that they believe it safe for their child to do so. Parents/Guardians are strongly encouraged to consider seeking a professional medical opinion of their child's fitness to resume playing before returning this signed authorization to the local soccer affiliate.**

Player Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Player's Team: \_\_\_\_\_

Player's Affiliate/Club Name: \_\_\_\_\_

Age Group & Competitive Division: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[THE LOCAL GEORGIA SOCCER AFFILIATE IS REQUIRED TO MAINTAIN A COPY OF THIS RECORD FOR FUTURE REFERENCE]**