Possible Head Injury/Concussion Notification Form

		[insert player's name] received a possible head
		norage Youth Soccer League, Alaska Youth Soccer/US Youth Soccer and Staff s that may arise which may require further evaluation and/or treatment.
t is common for a concussed child o ognitive, emotional, and sleep.	r young adult to have one or m	nany concussion symptoms. There are four types of symptoms: physical,
f your daughter or son starts to show our son or daughter, you should co		there are any other symptoms you notice about the behavior or conduct of ical attention:
- Memory difficulties	- Neck pain	- Delicate to light or noise
- Headaches that worsen	 Odd behavior 	- Repeats the same answer or
- Vomiting	- Fatigued	question
- Focus issues	 Irregular sleep 	- Slow reactions
- Seizures	Patterns	- Irritability
 Weakness/numbness in arms/legs 	- Slurred speech	- Less responsive than usual
 refraining from tak taken, and (2) any refraining from cog text messaging if the 	ing any medicine unless (1) cu other medicine is prescribed b gnitive activities requiring cond ney are causing symptoms.	day of, and the day after, the occurrence. rrent medicine, prescribed or authorized, is permitted to be continued to be y a licensed health care professional. rentration cognitive activities such as TV, video games, computer work, and please contact a medical doctor or doctor of osteopathy who specializes in
=		player who suffers a concussion may not return to play until there is steopathy who specializes in concussion treatment and management.
Player's Team:		·
Age Group:		
Player Name:		Gender:
Player Signature:		Date:
Parent/Legal Guardian Signature: _		Date:
eam Official Signature:		Date:
By inserting my name and date and l	returning this Notification Forn	n, I confirm that I have been provided with, and acknowledge that, I have

By inserting my name and date and returning this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form. If returning the signed Form by mail, send it to the following address: P.O. Box 243565

Anchorage AK 99524. If returning this Form by email, send it to the following address: uaysl.info@yahoo.com

References:

Kissick MD, James and Karen M. Johnston MD, PhD. "Return to Play After Concussion." Collegiate Sports Medical Foundation. Volume 15, Number 6, November 2005. http://www.csmfoundation.org/Kissick_-_return_to_play_after_concussion_-_CJSM_2005.pdf.

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National Federation of State High School Associations. "Suggested Guidelines for Management of Concussion in Sports". 2008 NFHS Sports Medicine Handbook (Third Edition). 2008 77-82.

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Children's National Medical Center. "Safe Concussion Outcome, Recovery & Education (SCORE) Program." Adapted by Gerard Gioia, PhD; Micky Collins, PhD; Shireen Atabaki, MD, MPH; Noel Zuckerbraun, MD, MPH. http://www.childrensnational.org/score. June 27, 2011