



Concussion Notification Form

Adapted from the Centers for Disease Control Heads Up Concussion in Youth Sports

Player's Name _____ Birthdate _____ Gender: M or F
Event _____ Date _____
Name of Player's Team _____ U-Age _____

The above named Player may have sustained a concussion during the above listed event. Any athlete that sustains a bump, blow, jolt to the head, or a blow to another part of the body with the force transmitted to the head and/or is exhibiting signs and symptoms of concussion MUST be removed from play immediately. Even though most concussions appear mild, **all concussions are serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. In other words, even a "ding" or slight bump on the head can be serious. Concussions are invisible and most concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or may take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention immediately. For the latest information about concussions and symptoms, visit: www.cdc.gov/ConcussionInYouthSports/.

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| <ul style="list-style-type: none"> • Headaches or pressure in head • Nausea or vomiting • Balance problems or dizziness • Concentration or memory problems • Blurry or fuzzy vision • Sensitivity to light or noise • Feeling foggy or groggy • Confused • Doesn't feel right • Dazed or stunned appearance | <ul style="list-style-type: none"> • Confused about assignment and/or position • Unsure of game, score or opponent • Moves clumsily • Answers questions slowly • Shows personality change • Can't recall events prior to or after hit/fall | <p>Seek Immediate Medical Care for:</p> <ul style="list-style-type: none"> • Double Vision • Prolonged Amnesia • Seizures or Convulsions • Loss of Consciousness • Slurred Speech • Repeated Vomiting • Worsening Headaches • Worsening Symptoms • Prolonged Confusion |
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Since the Player may have sustained a concussion, the player has been removed from the game. Please be advised that the Player may not return to play and must obtain and submit a signed clearance from a medical doctor or doctor of osteopathy who specializes in concussion treatment and management. Remember, it's better to miss one game than to jeopardize the child's playing career.

When in doubt, sit them out!

By my signature below, I acknowledge that I have received a copy of this Form and agree that I have read and understand the information contained in this Form.

Player's Signature if player is 18 or older _____ Date _____

Print Name of Parent/Guardian/Responsible Party _____

List Relationship to Injured Player _____

Signature of Parent/Guardian/Responsible Party _____ Date _____

Print Name of Player's Team Coach/Manager _____

Signature of Player's Team Coach/Manager _____ Date _____

Event Official must present one signed copy to Parent/Guardian/Responsible Party and/or Player that is 18 years of age or older, present one signed copy to Team Coach/Manager, and keep one copy for the Event Host to submit with an insurance claim.

Compliance Signature of Event Official _____ Date _____