## Notification of Possible Concussion for UFA Events/Activities (complete the form in duplicate – 1 provided to parent/guardian, 1 to UFA)

Today,	_ [month and day],	[year], during pract	ice/game/other activity [circle which]
held at	[insert field/venue],		
	[inse	rt player's name] receiv	ed a possible concussion.
•		•	he signs and symptoms that may arise ment by a medical professional.
It is common for a co	ncussed player to have one	or many concussion syr	nptoms. There are four types of
symptoms: physical, o	cognitive, emotional, and sl	eep. If your child starts t	to show signs of these symptoms, or
	-		t of your child, you should consider
•			nong other signs, the following:
- Memory difficulties	- Less responsi		- Neck pain
- Delicate to light or n			- Odd behavior
- Repeats the same ar			- Slurred speech
- Focus issues	- Irregular sleep	0	- Slow reactions
- Seizure patterns		mbness in arms or legs	- Irritability
your child for return to legal guardian, author please consider the form of the Refrain from particity. Refrain from taking	to soccer activity before your rize your child to return to ollowing guidelines for your pation in any activities the any medicine unless (1) cu	u allow your child to par play (preferably after se child: day of, and the day afte rrent medicine, prescrib	your medical professional also clears ticipate further. Until you, as parent or eking a professional medical opinion), r, the occurrence.  eed or authorized, is permitted to be used health care professional.
Refrain from cognit messaging if they are		entration such as TV, vio	deo games, computer work, and text
•	have questions about the clarification on your child's		e immediately contact a medical doctor
Your child will not be PLAY AUTHORIZATION		in any UFA activity unti	l you sign and return the RETURN TO
Signature of coach/U	FA representative Signature	e of parent or legal guard	dian