



Possible Concussion Notification Form for NOKC Soccer Event

Today, _____, 2_____, at the _____ [event name],
_____ [insert player's name] received a possible concussion during practice or competition. NOKC Soccer and Staff want to make you aware of this possibility and signs and symptoms that may arise which may require further evaluation and/or treatment.

It is common for a concussed child or young adult 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:

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

Please take the necessary precautions and seek a professional medical opinion before allowing your daughter or son to participate further. Until a professional medical opinion is provided, please consider the following guidelines:

- 1 --- refraining from participation in any activities the day of, and the day after, the occurrence.
- 2 --- refraining 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.
- 3 --- refraining from cognitive activities requiring concentration cognitive activities 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 contact a medical doctor or doctor of osteopathy who specializes in concussion treatment and management. Please be advised that a player who suffers a concussion may not return to play until there is provided a signed clearance from a medical doctor or doctor of osteopathy who specializes in concussion treatment and management. Signed Clearance must be provided to NOKC before the player can return to team activities.

Player's Team: _____

Age Group: _____

Player Name: _____

Gender: _____

Player Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

Team Official Signature: _____

Date: _____

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.

Return this Form by email, to the following address: nokcfc@gmail.com

Concussion Procedure and Protocol Info available on the next page of this form AND online at www.nokcsoccer.com

Concussion Procedure and Protocol Info Form for US Youth Soccer Events

Concussion: a traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep---related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases.

CONCUSSION SIGNS, SYMPTOMS, AND MANAGEMENT AT TRAINING AND COMPETITIONS

Step 1: Did a concussion occur?

Evaluate the player and note if any of the following signs and/or symptoms are present:

1. Dazed look or confusion about what happened.
2. Memory difficulties.
3. Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
4. Short attention span. Can't keep focused.
5. Slow reaction time, slurred speech, bodily movements are lagging, fatigue, and slowly answers questions or has difficulty answering questions.
6. Abnormal physical and/or mental behavior.
7. Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

Step 2: Is emergency treatment needed?

This would include the following scenarios:

1. Spine or neck injury or pain.
2. Behavior patterns change, unable to recognize people/places, less responsive than usual.
3. Loss of consciousness.
4. Headaches that worsen
5. Seizures
6. Very drowsy, can't be awakened
7. Repeated vomiting
8. Increasing confusion or irritability
9. Weakness, numbness in arms and legs

Step 3: If a possible concussion occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5---10 min for the next 1 --- 2 hours, without returning to any activities:

1. Balance, movement.
2. Speech.
3. Memory, instructions, and responses.
4. Attention on topics, details, confusion, ability to concentrate.
5. State of consciousness
6. Mood, behavior, and personality
7. Headache or "pressure" in head
8. Nausea or vomiting
9. Sensitivity to light and noise

Players shall not re---enter competition, training, or partake in any activities for at least 24 hours. Even if there are no signs or symptoms after 15---20 min, activity should not be taken by the player.

Step 4: A player diagnosed with a possible concussion may return to US Youth Soccer play only after release from a medical doctor or doctor of osteopathy specializing in concussion treatment and management. Signed Clearance must be provided to NOKC before player can return to team activities.

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.

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.