



Possible Concussion or Other Head Injury — Parent Notification Form

The purpose of this communication is to notify you that your child showed signs of a possible concussion or other head injury during practice or competition. The Stanford Soccer Club wants to make you aware of this possibility and certain signs and symptoms that may arise as a result thereof.

A concussion is a brain injury, and all brain injuries are serious and must be managed properly. Concussions are caused by a bump, blow or jolt to the head, or by a blow to another part of the body where the force is transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. 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, and may include the following:

- 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
- Disoriented or confused
- Doesn't feel right
- Dazed or stunned appearance
- Confused about assignment and/or position
- Unsure of game, score or opponent
- Moves clumsily
- Shows personality change
- Can't recall events prior to or after hit/fall

SEEK IMMEDIATE MEDICAL CARE FOR ANY OF THE FOLLOWING:

- Double vision
- Prolonged amnesia
- Seizures or convulsions
- Loss of consciousness
- Slurred speech
- Repeated vomiting
- Worsening headaches
- Worsening symptoms
- Prolonged confusion
- Weakness or tingling in arms or legs

Please contact a licensed health care provider (preferably, a medical doctor who is trained in concussion treatment and management) for an evaluation of your child. As required by California law and Stanford Soccer Club policy, your child may not return to play until the Stanford Soccer Club has received written clearance from a licensed health care provider.

Name of Team: _____ Age Group: _____ Gender: _____

Player's Name: _____

Time and date of injury: _____

Symptoms observed:

Treatment provided (if any):

Name of Coach: _____