



League Concussion Forms 2020

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HEAD INJURY SIT OUT INSTRUCTIONS

1. It is suggested each team print and carry with them in their team book copies of these League Concussion Forms. Documents included in this packet are the Concussion Procedures and Protocols Form, the Possible Concussion Notification Form and the Concussion Return to Play Clearance Form.
2. Athletic trainers, coaches and other officials are required by law to remove a player from participation in soccer activities at the time the player exhibits signs, symptoms or behaviors consistent with a concussion.
3. A player removed from any soccer activity out of concern they have suffered a head injury or concussion shall complete the Possible Concussion Notification Form. The player, parent and team official must sign. Keep the original, scan and email the form to jeff@montanayouthsoccer.com.
4. Provide the parent with the Return to Play form to have completed by a physician. This signed Return to Play form must be scanned and emailed to admin@mtys.org for player to be allowed back on the pitch.

WHAT IS A CONCUSSION?

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. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can 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 right away.

SYMPTOMS MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Headaches
- “Pressure in Head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double or fuzz vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems
- Repeating the same question/comment

SIGNS OBSERVED BY TEAMMATES, PARENTS AND COACHES INCLUDE:

- Appears dazed
- Vacant facial expression
- Confused about assignments
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily or lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to contact
- Can’t recall events after contact
- Seizures or convulsions
- Change in typical behavior or personality
- Loses consciousness

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION OR RETURNS TOO SOON?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and players is the key for player safety.

IF YOU THINK YOUR CHILD HAS SUFFERED A CONCUSSION:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. It is Montana Youth Soccer Policy that no athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<https://www.cdc.gov/headsup/youthsports/index.html>



Concussion & Head Injury Management Training & Competitions

STEP 1: DID A CONCUSSION OR HEAD INJURY 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 OR HEAD INJURY OCCURRED, BUT EMERGENCY TREATMENT IS NEEDED, WHAT SHOULD BE DONE NOW?

Focus on these areas every 5-10 minutes 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

STEP 4: WHAT IS NEEDED FOR A PLAYER SUSPECTED OF SUFFERING A HEAD INJURY TO RETURN?

A player removed from any soccer activity out of concern they have suffered a head injury or concussion will not be eligible for return to play until they have received clearance to return from a medical professional.

If a player is suspected to have suffered a head injury or concussion, the following must be done:

1. Complete the "Possible Concussion Notification Form". The player, parent / legal guardian and team official must sign. Scan and email the form to jeff@montanayouthsoccer.com.
2. If a parent / legal guardian of the player is present, have the parent / legal guardian sign and date the "Possible Concussion Notification Form". It may be advised to complete two copies of the Form so that the parent / legal guardian can have a copy for their file.
 - a. If a parent / legal guardian is not present, the team official is responsible for notifying the parent / legal guardian ASAP and then submitting the Form to the parent / legal guardian.
 - b. When the parent / legal guardian is not present, the team official must make record of how and when the parent / legal guardian was notified. The notification will include a request for the parent / legal guardian to provide confirmation and completion of the "Possible Concussion Notification Form" in writing or electronically.
3. The team official must submit the "Possible Concussion Notification Form" either by email or mail to Montana Youth Soccer within 24 hours of the potential concussion.
4. Montana Youth Soccer will medically suspend a player in GotSoccer suspected of suffering a head injury or concussion until the player receives clearance to return from a medical professional.
5. Until the player receives clearance to return from a medical professional, the player may be on the team sideline during games but must not be dressed in their uniform.
6. Once a medical professional clears a player to return, they must complete the "Concussion Return to Play Clearance Form". The parent / legal guardian must send a copy of the completed Form from the medical professional to Montana Youth Soccer and the team official.
 - a. Submit to MYSA by email to jeff@montanayouthsoccer.com
 - b. Submit to MYSA by mail to Montana Youth Soccer, PO Box 3466, Butte, MT 59702



Possible Concussion Notification

US Youth Soccer

Today, _____, at the (insert name of the event or game #) _____
(insert player's name) _____ received a possible concussion during practice or competition. US Youth 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 | - Weakness/numbness |
| - Focus issues | - Irregular sleep patterns | - Slow reactions |
| - Seizures | - Irritability | - Less responsive than usual arms/legs |
| - Slurred speech | | |

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 healthcare 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.

Player's Team: _____ Age Group: _____

Player Name: _____ Gender: _____

Player Signature: _____ Date: _____

Electronic Signature verifies understanding of this document

Parent / Legal Guardian Signature: _____ Date: _____

Electronic Signature verifies understanding of this document

Team Official Signature: _____ Date: _____

Electronic Signature verifies understanding of this document

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: Montana Youth Soccer, PO Box 3466, Butte, MT, 59702. If returning this form by email, send to the following address: jeff@montanayouthsoccer.com.



Concussion Return to Play Clearance Form

Montana Youth Soccer

OVERVIEW

Montana Youth Soccer Association has developed this form as a uniform method for qualified healthcare professionals to present a written release for athletes to return to play after having possibly suffered a head injury or concussion or having demonstrated signs, symptoms or behaviors consistent with a concussion and having been removed from participation as a result.

Players may not return to play during training or games unless cleared by a qualified healthcare provider. This completed form must be submitted to jeff@montanayouthsoccer.com before a player is eligible to return.

MYSA does not presume to dictate to healthcare professionals how to practice medicine. Final authority for clearance to return to play shall reside with a qualified healthcare professional as designated in Montana House Bill SB0112: "Dylan Steigers Protection of Youth Athletes Act".

PLAYER INFORMATION

PLAYER NAME	GOTSOCCKER PLAYER ID NO. MT -
CLUB / TEAM	TEAM AGE / GENDER
DATE OF INJURY	LEAGUE GAME #

HEALTHCARE PROFESSIONAL

Upon examination, the above-named player has been found to **have not** suffered a concussion and is medically released to return to all soccer activities as of (date): _____

The above-named player **did** sustain a concussion on the date of injury noted above, **has recovered** and is medically cleared to return to all soccer activities as of (date): _____

By signing this form, I acknowledge that I am a qualified healthcare professional licensed in the state of Montana, I'm within my scope of practice and that I have medical knowledge in the evaluation and management of head injuries and concussions.

HEALTHCARE PROFESSIONAL NAME PRINTED	DATE
HEALTHCARE PROFESSIONAL SIGNATURE	
HEALTHCARE PROFESSIONAL CLINIC / PRACTICE NAME	HEALTHCARE PROFESSIONAL CLINIC / PRACTICE PHONE