**Concussion Notice Form**

**New Mexico Youth Soccer Association**

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| Player’s Name: |  | | Player’s Age: |  |
| Date/Time of Injury: | |  | | |

Where and how injury occurred (include cause and force of the hit or blow to the head/body):

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Description of injury (include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any):

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*The player must be removed from the activity immediately and evaluated by a health care professional. The player will not be allowed to participate in training, games or events for at least one day from receiving a blow to the head or body and only after:*

1. *The player no longer exhibits any sign, symptom or behavior consistent with a concussion or other head injury; and*
2. *Receives a medical release from a licensed health care professional.*

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| --- | --- |
| Date received medical release (no concussion): |  |

**(Medical Release must be attached)**

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| --- | --- |
| Date player diagnosed with a concussion: |  |

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| Date player authorized to return to play: |  |

**(Medical Release must be attached)**

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| --- | --- | --- | --- | --- | --- |
| Club/Team Name: | |  | | | |
| Coach’s Name: |  | | | | |
| Coach’s Signature: | | |  | Date: |  |

By signing the above, I acknowledge and will adhere to NMYSA’s Concussion Policy and return to play protocol.

*Note: A copy of this form along with Medical Releases must be submitted to the NMYSA state office within 48 hours of the incident with a follow-up copy once the player is returned to play.*

**Ver: 09/19**