



**NOTIFICATION OF POSSIBLE CONCUSSION
GEORGIA RUSH**

Today, (date), during practice/game (circle one) held at the
Facility of (field/venue),
.....(child name) received a
possible concussion.

We want to formally advise you of this possibility and remind you of the common signs and symptoms of concussions, which may further require the intervention of a licensed medical professional.

If your child starts to show any of the following signs, you should consider seeking immediate medical attention:

- | | | |
|------------------------------|----------------------------------|------------------|
| - Blurry vision | - Less responsive than usual | - Neck pain |
| - Delicate to light or noise | - Headaches that worsen | - Odd behavior |
| - Repeats the same answer | - Vomiting | - Slurred speech |
| - Forgets or can't focus | - Irregular sleep | - Slow reactions |
| - Seizures patterns | - Weakness/numbness in arms/legs | - Irritability |

If your child exhibits any of the above symptoms, then your child must be evaluated by a licensed healthcare provider. Georgia Rush will not allow your child to return to play until he/she has been cleared for normal activities by a licensed medical professional. Until you, as parent or legal guardian, receive medical clearance and authorize your child to return to play, please consider following the below steps for your child's safety:

- Refrain from any physical activity the day of and the day after the incident.
- Refrain from taking any new non prescribed medicine unless cleared by the doctor.
- Refrain from cognitive activities that require concentration such as TV, electronic games, text messaging, reading, etc. that reproduce the symptoms.

Your child will not be permitted to return to play to any Georgia Rush practice or games until you have signed and returned the "RETURN TO PLAY" AUTHORIZATION form.

Signature of coach/representative

Signature of parent/legal guardian



GEORGIA RUSH RETURN TO PLAY AUTHORIZATION

(To be signed by the parent/legal guardian and licensed medical professional and returned to the Coach)

By signing and dating this Return to Play Authorization Form, and returning it to my child's Georgia Rush team coach, I, the parent/legal guardian of (Name of injured child), acknowledge that I have read and understood the information provided to me in the original "Notification of Possible Concussion" form. I also acknowledge that, I, the player's parent/legal guardian, have been advised by the Georgia Rush of the common concussion signs and symptoms, and have been advised to seek medical clearance prior to allowing my child to return to play soccer at the Georgia Rush facilities.

Please be advised that if a player is formally identified as suffering from a possible concussion injury, this player may not return to play soccer at the Georgia Rush facilities until the player's parent/legal guardian has been cleared by a licensed medical professional. Parents/legal guardians are advised to seek professional medical guidance and clearance for their child to resume play, before they sign and return this authorization form to the team coach.

The licensed medical professional who signs this authorization form confirms that the player mentioned below is safe to return to play soccer and is clear to resume full sports activities at the Georgia Rush facilities.

Player name: ----- Gender: -----

Player's team/age group: -----

Player's club name: -----GEORGIA RUSH-----

Parent/legal guardian signature: ----- Date: -----

Team Official/Coach signature: -----

Licensed medical professional name: -----

Licensed medical professional signature: -----

[THE GEORGIA RUSH CLUB IS REQUIRED TO MAINTAIN A COPY OF THIS RECORD FOR FUTURE REFERENCE].