



### Possible Concussion or Head Injury Notification

In accordance with Florida Statute 943.0438, this is notify you that today, \_\_\_\_\_, 20\_\_\_\_, at the \_\_\_\_\_, \_\_\_\_\_ received a possible concussion or head injury during practice or competition. Under Florida law this player must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

Symptoms that were observed are checked below:

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

Other \_\_\_\_\_

Please take the necessary precautions and seek an appropriate medical professional. Until a professional medical opinion is provided, please consider the following guidelines:

- refrain from participation in any activities the day of, and the day after, the occurrence
- refrain 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

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Team Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_