

**TREDYFFRIN EASTTOWN YOUTH SOCCER  
ASSOCIATION, INC. (TEYSA)**

**Possible Concussion Notification  
For  
TEYSA and FC Europa Youth Soccer Events**

Today, \_\_\_\_\_, 2\_\_\_\_, at the \_\_\_\_\_ [insert name of event],  
\_\_\_\_\_ [insert player's name] received a possible concussion during  
practice or competition. Eastern Pennsylvania 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                  | - Repeats the same answer or |
| - Headaches that worsen             | - Odd behavior               | question                     |
| - Vomiting                          | - Fatigued                   | - Slow reactions             |
| - Focus issues                      | - Irregular sleep Patterns   | - Irritability               |
| - Seizures                          | - Slurred speech             | - Less responsive than usual |
| - Weakness/numbness in<br>arms/legs | - Delicate to light or noise |                              |

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:

- refraining from participation in any activities the day of, and the day after, the occurrence;
- 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 health care professional; and
- 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: \_\_\_\_\_

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

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

*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 Notification Form. If the parent/legal guardian of the player has not returned his or her signed Notification Form to the Team Official at the event, return this Notification Form by e-mail to the Team Official by e-mail to the address previously provided for the Team Official and to TEYSA's President by e-mail to christopherarossi@verizon.net.*