



Possible Concussion or Head Injury Notification

In accordance with Florida Statute 943.0438, this is to notify you that today, \_\_\_\_\_, 20\_\_\_\_, a player 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 health care professional trained in the management on 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 sensitivity to sounds
- Short attention span- Can't keep focused
- Slow reaction time, slurred speech, bodily movements are lagging, fatigue and slowly answers questions or have 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 in 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: \_\_\_\_\_