



# Possible Concussion Notification For US Youth Soccer/WVSA Events



Today \_\_\_\_\_ at the \_\_\_\_\_  
Date Name of Event

\_\_\_\_\_ received a possible concussion during practice  
Name of Player  
or competition. US 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.

Please be advised that a player who suffers a concussion may not return to play at above event until released by diagnosing provider below.

Player's Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

Player Name: \_\_\_\_\_ Gender: \_\_\_\_\_

\*Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

*\*I accept responsibility for reporting all injuries and illnesses, including any signs and symptoms of a Concussion. By inserting my name and date on this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form.*

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

WVSA COPY Notification: Yes No

If yes, method and recipient: \_\_\_\_\_

## Return to Play Authorization Form

If diagnosed with a concussion, an athlete must be cleared for progression to activity by an approved healthcare provider, MD/DO/PAC/LAT/ARNP/Neuropsychologist (Emergency Room physician cannot clear for progression)

Athletes Name \_\_\_\_\_ DOB \_\_\_\_\_ Date of Injury \_\_\_\_\_

### THIS RETURN TO PLAY IS BASED ON TODAYS EVALUATION

Date of Evaluation: \_\_\_\_\_ Return to Play on (Date): \_\_\_\_\_

#### The following are the return to physical activities recommendations at the present time:

- Diagnosed with a concussion: Cannot return to physical activity, sport, or competition (must be reevaluated).
- Diagnosed with a concussion: May return to sports participation under the supervision of your coach/trainer after completing the return to play protocol (see below)
- Not diagnosed with a concussion. Patient has diagnosis of \_\_\_\_\_ and MAY/MAY NOT return to play at this time.

#### Evaluator's Information (please print):

Evaluator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator's Signature, Title, NPI: \_\_\_\_\_

Facility Name and Address: \_\_\_\_\_

#### Return to Play Procedures After a Concussion

Return to activity and play is a medical decision. Progression is individualized, must be closely supervised, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include Previous history of concussion, duration and type of symptoms, age, and activity the athlete participates. After the athlete has not experienced symptoms attributed to the concussion for a **minimum of 24 hours**, the stepwise progression shall be followed:

**Step 1:** Light cardiovascular exercise

**Step 2:** Running in the gym or on the field. No helmet or other equipment.

**Step 3:** Non-contact training drills in full equipment. Weight training can begin.

**Step 4:** Full, normal practice and training (a walk-thru practice does not count as a full, normal practice).

**Step 5: Full participation.** Must be cleared by MD/DO/PAC/LAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest 24 hours and then resume activity at a level one step below where he/she was at when the symptoms returned.

Return to Play Protocol (Steps 1-4 Completed (Date/Signature): \_\_\_\_\_

Cleared for Return to Play (Step 5) by: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: WVSA  
196 Joe L Smith Drive  
Beckley, WV 25801

FAX:  
304-252-9878

EMAIL:  
[dave@wvsoccer.net](mailto:dave@wvsoccer.net)  
[Kristi@wvsoccer.net](mailto:Kristi@wvsoccer.net)

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                | - Delicate to light or noise          |
| - Headaches that worsen          | - Odd behavior             | - Repeats the same answer or question |
| - Vomiting                       | - Fatigued                 | - Slow reactions,                     |
| - Focus issues                   | - Irregular sleep Patterns | - Irritability                        |
| - Seizures                       | - Slurred speech           | - Less responsive than usual          |
| - Weakness/numbness in arms/legs |                            |                                       |

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.
- 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.

### **Youth Soccer Accident Medical Claims Process Overview**

**Youth Insurance Claims URL:** [PH Claims \(playershealthclaims.com\)](http://PHClaims.playershealthclaims.com)

The accident medical policy provided by your state soccer association is an excess/secondary policy. If you have other valid and collectable primary insurance, all charges must first be submitted to your primary insurance carrier.

### **Online Claims Submission Process**

- 1) The claimant (injured person) or parent / legal guardian (if claimant is under the age of 18) should complete the online claim form on this website. A confirmation email will be sent to you upon completion.
- 2) The claims information will be sent to your state soccer association for approval or denial. Once approved, you will receive an email with instructions on what you need to do next. If your claim was denied by the state soccer association, you will receive an email indicating the reason for the denial.
- 3) Additional bills and EOBs can be submitted later (after the initial submission of your claim) to Players Health. Your claim form will have their contact information on it.

Please note that once your claim is submitted and approved WWSA cannot reach out to the provider on your behalf! All interactions will need to be made between you and the provider!

Any questions, please feel free to contact me at [kristi@wvsoccer.net](mailto:kristi@wvsoccer.net)