



Concussion Notification For HYSA Events

Hawaii Youth Soccer Association and Staff want to make you aware that your son or daughter received a possible concussion during practice or competition and 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 son or daughter starts to show signs of these symptoms, or there are 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 son or daughter 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 take, and (2) any other medicine is prescribed by a license health car 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.

Reprinted from US youth soccer

Other resources:

Centers of Disease Control and Prevention. www.cdc.gov/traumaticbraininjury/

Hawaii Concussion Awareness & Management Program. www.hawaiiconcussion.com



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, and child is symptom free for 24 hours and has gone through a step wise return to play protocol.

Step wise return to play protocol:

Step 1 No physical activity as long as there are symptoms

When 100% symptom free for 24 hours proceed to Step 2.

Step 2 Light aerobic activity

Walk, ride stationary bike for 10-15 minutes

If symptoms reemerge with this level of exertion, then return to the previous step. If the child remains symptom free for 24 hours after this level of exertion, then proceed to next step.

Step 3 Sport specific exercise

No head contact. Running drills, and ball drills,

If symptoms reemerge with this level of exertion, then return to the previous step. If the child remains symptom free for 24 hours after this level of exertion, then proceed to next step.

Step 4: Non-Contact training drills

Increase running and jumping with no scrimmage

If symptoms reemerge with this level of exertion, then return to the previous step. If the child remains symptom free for 24 hours after this level of exertion, then proceed to next step.

Step 5: Full contact practice

Following medical clearance, participation in normal training activities.

If symptoms reemerge with this level of exertion, then return to the previous step. If the child remains symptom free for 24 hours after this level of exertion, then proceed to next step.

Step 6: Return to play

Event: _____ Date of Injury: _____

Location of Injury (Field No.): _____ Time of Injury: _____

Player's Team: _____ Age Group: _____ Gender _____

Player Name: _____

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 Form.