



Penn Legacy Soccer

PENN LEGACY CONCUSSION AND SERIOUS INJURY PROCESS

- Coaches Please Note: Always have the clipboard concussion information sheet in coach's binder
- **In the event of an injury or suspected concussion, complete the injury report form (pg. 1 of 4) send copies to the program director and injury coordinator (mowrerfamily4@gmail.com) within 24 hrs of the injury. Emails for program directors are available at www.pennlegacy.org. It is imperative to document and submit the injury form within 24 hrs. of the incident for liability prevention. Page 2 is available if coach needs to provide more detailed information.**
- The team official must also get the player's pass (if a travel player) from the referee (if during a game) or coach or team manager if not during a game, and attach it to the copy of the Form retained by the team. **Do Not Turn Pass In – Retain with team paperwork.**
- **Immediately following the injury, provide parent 1) parent release form, 2) physician release form to be returned to mowrerfamily4@gmail.com or faxed to 459-7511 when released to play. Page 3 the concussion factsheet.**
- Communicate with the injury coordinator regarding an action plan to keep player involved in practices/games or a workout plan to integrate the player back to full participation.
- Injury coordinator will communicate the injury to the parents and administrator who will forward the EPYSA secondary insurance coverage information
- Report all release forms to program directors and injury coordinator:
mowrerfamily4@gmail.com

In order for Penn Legacy to ensure compliance with EPYSA requirements, all coaches MUST follow the procedure above for the health of the player.

Any questions can be directed to your program director.



Penn Legacy
PO Box 216
Landisville, PA 17538
Phone/Fax: 717.459.7511

CONCUSSION/HEAD INJURY AND SERIOUS INJURY REPORT FORM

Player:	Male/Female:
Age:	Coach/Team:
Date of Incident:	Location:
Injury Report Form Attached: _____ Yes	Player Pass Attached: _____ Yes

CONCUSSION OR HEAD INJURY

The player above was involved in the following incident that may have resulted in a concussion or head injury:

As a result of the incident, the player was immediately removed from participation and is not permitted to return to practice or participation until a Medical Clearance Form is submitted to Penn Legacy. It is Penn Legacy's policy to comply with PA Law, Safety in Youth Sports Act, and to protect the health of its players. Therefore, we require injured players to obtain prompt medical care, particularly if the player shows any signs of a concussion or head injury (including headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow" or "foggy," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). Failure to submit a Medical Clearance Form may result in continued suspension from play.

OTHER SERIOUS INJURY

The player above was involved in the following incident that may have resulted in a serious injury for which medical examination is advisable:

Date: _____

Signature of Coach/Supervising Adult

Print Name of Coach/Supervising Adult

Confidential/Shared with Authorized Club Personnel Only.
Original to Parents of Player, Copies to Supervising Coach and Program Director.
Retain for one year after incident or medical release, whichever is later.



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CONCUSSION/HEAD INJURY AND SERIOUS INJURY MEDICAL CLEARANCE FORM

PART 1: COMPLETED BY PARENT OR LEGAL GUARDIAN

Player's Last Name:	First Name:
Age:	Coach/Team:
Date of Incident:	Location:

1. Date of Last Complete Physical Examination: _____
2. Physician Performing Last Complete Physical Examination: _____
3. Has the player suffered headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow" or "foggy," difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep? ____ Yes ____ No
4. Has the player suffered from any other symptom, condition, or injury that has or might, impact his/her ability to safely participate in the sport of soccer? ____ Yes ____ No
5. Are you aware of any reason why the player cannot participate safely in athletic training or activity and/or should not receive a full medical clearance to return to athletic activity? ____ Yes ____ No
6. If the answers to any of the preceding questions is Yes, explain, and describe any other facts that should be disclosed prior to examination:

Parent/Guardian Authorization: I acknowledge that I must provide a Medical Clearance Form to Penn Legacy before my Player can return to play. The information set forth above is correct to the best of my knowledge.

Date

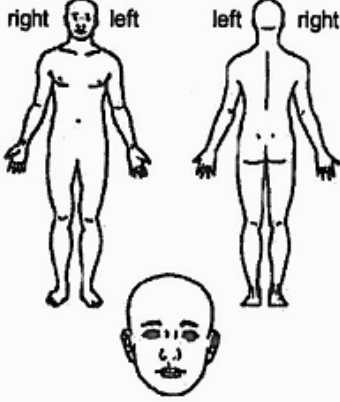
Signature of Parent/Guardian

Phone

Print Name of Parent/Guardian

Injury Report Form

Injury Details: This report reflects an accurate record of the injured person's reported symptoms of injury

Name of person injured: _____		DOB: / /	
Date when injury occurred: / /		Date when injury is evident: / /	
Person injured: <input type="checkbox"/> Athlete <input type="checkbox"/> Coach: <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Supervising Coach: _____ Signature		Supervising Coach: _____ Signature	
First aid provided by: _____ Signature		Time of first aid : _____	Initial Injury: <input type="checkbox"/> No treatment required <input type="checkbox"/> CPR <input type="checkbox"/> RICER <input type="checkbox"/> Crutches <input type="checkbox"/> Sling/splint <input type="checkbox"/> Dressing <input type="checkbox"/> Strapping <input type="checkbox"/> Massage <input type="checkbox"/> Stretching
Nature of injury: <input type="checkbox"/> New Injury <input type="checkbox"/> Aggravated injury <input type="checkbox"/> Recurrent injury <input type="checkbox"/> Other:			
Did the event occur during... <input type="checkbox"/> Training <input type="checkbox"/> Event <input type="checkbox"/> Other:			
Symptoms of injury:			
<input type="checkbox"/> Blisters	<input type="checkbox"/> Inflammation/swelling	<input type="checkbox"/> Spinal injury	
<input type="checkbox"/> Bleeding nose	<input type="checkbox"/> Cramp	<input type="checkbox"/> Cardiac problem	
<input type="checkbox"/> Bruising/contusion	<input type="checkbox"/> Suspected bone fracture/break	<input type="checkbox"/> Electrical shock	
<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn	
<input type="checkbox"/> Graze/abrasion	<input type="checkbox"/> Concussion/head injury	<input type="checkbox"/> Insect bite/sting	
<input type="checkbox"/> Sprain	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Poisoning	
<input type="checkbox"/> Strain	<input type="checkbox"/> Respiratory problem	<input type="checkbox"/> Other:	
Body part injured: 		How did the injury occur? <input type="checkbox"/> Collision with a fixed object <input type="checkbox"/> Overbalance <input type="checkbox"/> Collision/contact with another person <input type="checkbox"/> Overstretch <input type="checkbox"/> Fall from height/awkward landing <input type="checkbox"/> Slip/trip <input type="checkbox"/> Fall/stumble on same level <input type="checkbox"/> Other:	
		Extra detail regarding how the injury occurred: _____ _____	
		Was protective equipment worn on the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow up action: <input type="checkbox"/> None <input type="checkbox"/> Medical practitioner/physiotherapist <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> Other:			
Signature of person completing form: _____		Date: / /	

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially. In some states, additional legislation affects the management of health records.

CONCUSSION FACT SHEET FOR PARENTS



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes



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DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.



JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

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