



Suspected Concussion & Release Authorization Form

THIS FORM MUST BE SIGNED BY A PHYSICIAN AND PARENT/LEGAL GUARDIAN AND RETURNED TO THE SPORTING OMAHA FC ADMINISTRATION BEFORE THE ATHLETE CAN RETURN TO ANY SCHEDULED ACTIVITY/PRACTICE/COMPETITION.

Athlete's Name: _____ DOB: _____

Parent/Guardian Name: _____ Parent/Guardian Number _____

Date of Injury: _____ Approximate Time of Injury: _____ am/pm

Athlete's Club & Team

Name: _____

Coach's Name: _____ Coach's Phone # _____

Previous Head Injuries: Y or N If Yes, then when was the injury? _____

Signs Observed by Coach:

- 🍏 Dazed/confused
- 🍏 Lack of coordination
- 🍏 Poor reaction time
- 🍏 Loss of consciousness
- 🍏 Change in personality/mood
- 🍏 Retrograde amnesia
- 🍏 PEARL - Pupils Equals & Reactive to Light
- 🍏 Nystagmus
- 🍏 Vomiting
- 🍏 Photophobia
- 🍏 Fatigue

Symptoms reported by athlete

- 🍏 Headache
- 🍏 Dizziness
- 🍏 Nausea
- 🍏 Fatigue
- 🍏 Feeling foggy
- 🍏 Feeling sluggish
- 🍏 Sensitivity to Light
- 🍏 Change in sleep
- 🍏 Memory/concentration
- 🍏 Double/Fuzzy Vision
- 🍏 Balance Issues
- 🍏 Personality Changes

The following was done to care for and/or treat the athlete. _____

The athlete will be restricted from participating until evaluated and cleared to return to play by a qualified health care provider as defined in LB 260. The following portion of this form must be completed and signed and given to your club coach, administrator, athletic trainer, or tournament director before the athlete can return to scheduled activity, practice, or competition.

Physician Report

___ Athlete is cleared to begin a return to play progression and may return to practices and competition no sooner than (DATE: _____)

___ Athlete may not return to any activity until after my next examination set for the following date and time:

Date: _____ Time: _____

Further Recommendation:

_____ Diagnosis:

Parent/Legal Guardian Release to Participate: I have been informed of my son/daughter's condition. I hereby grant my son/daughter permission to return to participation in accordance with the instructions outlined on this form.

Signature of Parent/Legal Guardian

Date