



CHEATHAM COUNTY SOCCER ASSOCIATION
CONCUSSION AND SUDDEN CARDIAC ARREST FORMS
CONCUSSION



	Initials
I have read the concussion signs and symptoms information sheet.	
I will not allow any athlete exhibiting signs and symptoms consistent with a concussion to return to play or competition on the same day.	
I understand and have been made aware that a concussion is a brain injury.	
I realize that I cannot see a concussion, but I might notice some of the signs in an athlete right away. Other signs and symptoms can show up hours or days after the injury.	
If I suspect an athlete has a concussion, I am responsible for removing them from the activity and referring them to a medical professional trained in concussion management.	
Athletes need written clearance from a health care provider* to return to play or practice following a concussion. (*NOTE: Health Care provider means a Tennessee licensed medical doctor, osteopathic physician or clinical neuropsychologist with concussion training.)	
I will not allow any athlete to return to play or competition if I suspect that they have received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.	
Following a concussion, the brain needs more time to heal. I understand that a concussed athlete is more likely to suffer another concussion or more serious brain injury if return to play or competition occurs before concussion symptoms go away completely.	
In some cases, a repeat concussion can cause serious, long lasting problems or even death.	
I have read the concussion signs and symptoms on the concussion information sheet and I understand the importance of concussion education for coaches.	

Signature

Name (Print)

Date

SUDDEN CARDIAC ARREST PREVENTION ACT – PUBLIC CHAPTER 325

The act is intended to keep youth athletes safe while practicing or playing in an athletic activity. The act requires:

1. Require that, on a yearly basis, a sudden cardiac arrest information sheet be signed and returned by each coach, manager and board member.
2. The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity or who exhibits the following symptoms.
 - a. Unexplained shortness of breath
 - b. Chest pains
 - c. Dizziness
 - d. Racing heart rate
 - e. Extreme fatigue
3. Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
4. Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical director or an osteopathic physician. Clearance to return to full or graduated practice or play must be in writing.

I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.

Signature

Name (Print)

Date