

Declaration Regarding No Diagnosis of Concussion

For Peterborough City Soccer Association

***REQUIRED** (please enter child's name and dates as noted)

1. This is to acknowledge that I am the parent or guardian of * _____ (Player) who was suspected of suffering a concussion on or about * _____ (date) and was removed from play.
2. This is to further acknowledge that my son/daughter was provided a completed "Suspected Concussion Report Form" on or about * _____ (date) by my son/daughter's soccer coach who also recommended to me and or my son/daughter that my player see a medical doctor or nurse practitioner to obtain a diagnosis relating to the suspected concussion of * _____ (Player).
3. It has been more than 24 hours since the medical doctor or nurse practitioner assessed my son/daughter on (date)* _____ and she/he was diagnosed as having no concussion symptoms and:

(Please circle one)

- a. Attached is the medical Documentation confirming * _____ (player) as having no diagnosis of a concussion (dated) * _____ signed by a medical doctor or a nurse practitioner.

Or ,

- b. This is to declare that the medical doctor or nurse practitioner who assessed * _____ (Player) verbally advised me that my son or daughter did not suffer a concussion.

Dated:

Player signature (if over 18 yrs)

* _____
Parent signature