

Notification of Possible Sudden Cardiac Arrest Event for Georgia Soccer Events

Today, _____ [month & day], 2 _____ [year], during practice / game [circle which] held at

_____ [insert field/venue],

_____ [insert player's name] showed signs and symptoms of a possible Sudden Cardiac Arrest event.

We want to formally advise you of this possibility, and also remind you of the signs and symptoms that may arise from such an injury which shall require further evaluation and/or treatment by a Georgia licensed Physician or Cardiologist.

Having been so notified of this possible event, your child will not be allowed to participate in any further Georgia Soccer sanctioned games or practices until your child is evaluated by a Ga. Licensed Physician or Cardiologist who subsequently provides us with a written approval, STATEMENT OF RELEASE TO RETURN TO PLAY BY GA. LICENCED HEALTH CARE PROVIDER, for your child to safely return to play. This decision is made in the best interest of your child's safety and well-being.

If your daughter or son starts to show signs of these symptoms, you should consider seeking immediate medical attention. These symptoms might include, among other signs, the following:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

Please take the necessary precautions and seriously consider seeking a professional medical opinion should your child exhibit any of the above symptoms. Georgia Soccer requires that your medical professional also clears your child for return to soccer activity before you allow your daughter or son to participate further.

If you are unclear and have questions about the above symptoms, please immediately contact a medical doctor for evaluation and/or clarification on your child's condition.

Your child **will not** be permitted to return to play in any Georgia Soccer affiliated activity until you sign and return the **"RETURN TO PLAY" AUTHORIZATION** form accompanied by the **STATEMENT OF RELEASE TO RETURN TO PLAY BY GA. LICENCED PHYSICIAN or CARDIOLOGIST.**

(Signature of Affiliate Coach/Representative)

(Signature of Parent or Legal Guardian)

One copy each to team official and parent/guardian

GEORGIA SOCCER "RETURN TO PLAY" AUTHORIZATION

By inserting my name and date below, and returning this "Return to Play" Form to my local Georgia Soccer Affiliate, I acknowledge that I have read the information contained in the original notification form. I also acknowledge that I am the player's parent or legal guardian and that I have been advised by Georgia Soccer of signs and symptoms of a Sudden Cardiac Arrest (SCA) event, including the requirement in getting professional medical clearance before authorizing my child's return to play soccer within any Georgia Soccer sanctioned activity.

Please be advised that a player formally identified as suffering a possible SCA injury shall not return to play until the player's parent or legal guardian confirms that they have a professional medical opinion (STATEMENT OF RELEASE TO RETURN TO PLAY BY GA. LICENCED HEALTH CARE PROVIDER), of their child's fitness to resume playing before returning this signed authorization to the local soccer affiliate.

Player Name [Print]: _____

Player's Team [Print]: _____

Player's Affiliate/Club Name [Print]: _____

Age Group & Competitive Division [Print]: _____

Parent/Legal Guardian Name [Print]: _____

Parent/Legal Guardian Signature: _____ Date: _____

Team Official Name [Print]: _____

Team Official Signature: _____ Date: _____

One copy each to team official and parent/guardian

**STATEMENT OF RELEASE TO RETURN TO PLAY BY GA. LICENCED PHYSICIAN or
CARDIOLOGIST**

I have examined _____ [player] and my professional
medical opinion is that he/she is able to return to play [circle one] immediately / graduated
participation*

[state period of time] _____

*Attach any supporting documents/prescription.

Ga. Licensed Physician Name [Print] _____

Ga. Licensed Physician Signature: _____ Date: _____

Ga. License Number (if applicable) _____ Expiration Date: _____

Contact Address: _____

Contact Phone: Cell: _____ Office: _____

**[THE LOCAL GEORGIA SOCCER AFFILIATE IS REQUIRED TO MAINTAIN A COPY OF THIS RECORD FOR
FUTURE REFERENCE]**