**South Coast Youth Football Letter to Parent**

Dear Parent:

This letter is to notify you that your child was removed from athletic activity today due to a suspected concussion. Additional details are provided below:

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| **Athlete Removal from Play Report** |
| Athlete Name |  |
| Date of Injury |  |
| Time of Injury |  |
| Description of Incident |  |
| Symptoms Observed |  |
| Treatment Provided |  |

Please take your athlete to be evaluated by a licensed health care provider. He or she will not be allowed to return to athletic activity until written clearance to return to athletic activity is received from a licensed health care provider. If it is determined that your athlete sustained a concussion or other head injury, he or she must complete the [League Name] Return to Play Protocol under the supervision of a licensed health care provider before he or she is allowed to return to full activity.

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_