

CCYFL 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.

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 determined that your athlete sustained a concussion or other head injury, he or she must complete the VVYFL 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 Name: _____

Date: _____

Administrator Signature: _____