Northwich United FC

Return to Play Form

FA Concussion Guidance • Graduated Return • Player Welfare

Confidential
If in doubt, sit them out

For suspected concussion/head injury: remove immediately, no same-day return, seek appropriate medical advice, and complete each stage before returning to football.

FA Guidance Summary

Core message	If in doubt, sit them out: suspected concussion must be treated seriously and managed safely.
Recognise	Concussion is a brain injury that can affect thinking, memory, balance and wellbeing. Signs may include headache, dizziness, confusion, nausea, visual problems, tiredness, sensitivity to light/noise, feeling slowed down, or difficulty concentrating.
Remove	Anyone suspected of concussion must be removed immediately from training or match play and must not return to football on the same day.
Refer	Seek appropriate medical advice. For grassroots sport, suspected concussion should be assessed by an appropriate healthcare professional or through NHS 111 within 24 hours; call 999 for red flag symptoms or serious concerns.
Rest and recover	The player should have 24–48 hours of relative rest, then return gradually to normal daily activity, education or work before returning to sport.
Return safely	Return to football should be graduated, step-by-step and symptom-free. If symptoms return, stop, rest, go back to the previous symptom-free stage and seek medical advice if needed.

1. Player and Incident Details

Player Full Name		Team/Age Group	
Date of Incident		**Date Form Started**	
Parent/Guardian Name		**Contact Number**	
Injury/Concern	Suspected concussion / confirmed concussion / head injury / other:		
Medical Assessment Completed?	Yes / No By whom: Date:		

2. Mandatory Removal and Initial Advice

Removed from play/training immediately?	Yes / No	Time removed:
Same-day return prevented?	Yes / No	No player with suspected concussion should return on the same day.
Parent/Guardian informed?	Yes / No	Name: Time:
NHS 111/medical advice within 24 hours?	Yes / No	Details:
Red flags/999 required?	Yes / No	If yes, record action taken:

3. Symptom-Free and Daily Activity Check

Initial 24–48 hour relative rest completed?	Yes / No	Date completed:
Returned to normal daily activities/education/work?	Yes / No	Details:
Any symptoms at rest?	Yes / No	If yes, stop progression and seek medical advice.
Symptoms with light activity?	Yes / No	If yes, return to previous stage.
Medical review required before sport progression?	Yes / No	Appointment/date:

4. Graduated Return to Football Stages

Stage	Activity	Date Completed	Signed
1	Daily activities/education/work fully tolerated before sport progression.		
2	Light exercise such as walking, gentle cycling or easy individual movement. No contact, heading or competition.		
3	Football-specific non-contact exercise: ball mastery, passing, dribbling, movement patterns. No heading.		
4	Non-contact training with increased intensity. Skills, passing, rondos/positional work if symptom-free.		
5	Full training only after appropriate clearance, symptom-free progression, and coach/parent agreement.		
6	Return to match play/competition only once all previous stages are completed and final approval is recorded.		

5. Stop/Repeat Stage Record

If symptoms return at any stage, stop the activity, rest, return to the previous symptom-free stage, and seek medical advice if symptoms persist or worsen.

Stage stopped/repeated?	Yes / No Stage number:
Symptoms reported/observed	Headache / dizziness / confusion / nausea / balance issue / visual issue / other:
Action taken	Stopped activity / parent informed / medical advice sought / previous stage repeated / other:
Date cleared to continue progression	

6. Final Return to Play Approval

All stages completed symptom-free?	Yes / No Completion date:
Medical/healthcare clearance recorded?	Yes / No / Not required Name/role:
Parent/Guardian approval	Approved / Not approved Signature/date:
Coach/Club approval	Approved / Not approved Signature/date:

7. Declaration and Record Keeping

This form should be stored securely and shared only with appropriate club officials. It does not replace medical advice. If there is any uncertainty, the player must not return to football.

Club Welfare Officer/Secretary notified?	Yes / No Date/Time:
Copy of medical advice/clearance attached?	Yes / No / Not applicable
Further monitoring required?	Yes / No Details:

I confirm that the player has followed the graduated return-to-play process recorded above and that any concerns have been escalated appropriately.

Completed By		Role	
Signature		**Date**	
Contact Number		**Email**	