**RETURN TO ATHLETIC PARTICIPATION FORM**

Player with Concussion/Suspected Concussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport in Which Injury Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Previous Concussions or Suspected Concussions: \_\_\_\_\_\_\_\_\_\_\_\_\_

**PRACTICE-RELATED INJURY INFORMATION**

Date Injured Player was removed from Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Injured Player was removed from Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date if Injured Player was returned to Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time if Injured Player was returned to Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person authorizing return to Practice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Symptoms Noted and Sideline Evaluation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GAME-RELATED INJURY INFORMATION**

Date Injured Player was removed from Game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Injured Player was removed from Game: \_\_\_\_\_\_\_\_\_\_\_\_\_

Period/Quarter/Half when Player was removed from Game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time if Injured Player was returned to Game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period/Quarter/Half if the Injured Player was returned to Game: \_\_\_\_\_\_\_\_

Name of Person authorizing return to Game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description of Symptoms Noted and Sideline Evaluation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN MEDICAL RELEASE FORM**

Player Name with Concussion/Suspected Concussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Medical Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Return-To-Play Release:

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_, I hereby authorize and clear the above-named student to return to play and participate in athletic competition without restrictions. I hereby certify that I have received training in the evaluation and management of concussions.

Signature of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.D. D.O.

Original Only (Circle one)

Printed Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_