

SAMPLE RETURN TO PLAY FORM

Athlete _____	
Sport _____	Date of injury _____
Parent/guardian: _____	Phone _____

Notification of Suspected Concussion/Head Injuries & Returned to Play Requirements

Dear parents:

It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, other serious brain injuries). Please be sure to see your doctor as soon as possible for any other medical concerns.

Based on the incident/participant injury form submitted, we suspect that your son/daughter may have sustained a concussion while participating in a _____ program.

When a child sustains a suspected concussion or other head injury and has been removed from play, _____ policy prohibits the child's return to play until the child has obtain written clearance from a licensed healthcare provider trained in the evaluation and management of concussions. Please be advised that your son/daughter will not be allowed to return to play or participate in _____ sports programs until he/she provides a copy of the written clearance from an authorized healthcare provider.

It is your responsibility as a parent to notify the appropriate representative for all other sports programs in which your child participates of this notification of suspected concussion or other head injuries. The failure of a parent or guardian to abide by the written clearance forms may be grounds for disqualification of the child for future sports programs.

Description of incident/injury: _____

When to seek care urgently: if you observe any of the following signs, call your doctor or go to your emergency department immediately.

Headaches worsen	Very drowsy, and can't be awakened	Can't recognize people or places
Seizures	Repeated vomiting	Increasing confusion
Neck pain	Slurred speech	Weakness/numbness in arms/legs
Unusual behavior change	Significant irritability	Less responsive than usual

Common signs and symptoms: It is common for a player with a concussion to have one or many symptoms.

Physical		Cognitive	Emotional	Sleep
Headache	Visual problems	Feeling mentally foggy	Irritability	Drowsiness
Nausea/vomiting	Fatigue/feeling tired	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Sensitivity to light/noise	Difficulty remembering	More emotional	Sleeping more than usual
Balance problems	Numbness/tingling	Difficulty concentrating	Nervousness	Trouble falling asleep

Medical Clearance for Return to Athletic Participation

To be completed by an Authorized Healthcare Provider (AHCP)
(Physician, Nurse Practitioner, Physician's Assistant, Neuropsychologist)

The above named student athlete sustained a suspected concussion or other head injury during practice or game. The purpose of this form is to provide medical clearance before turning to sports participation, as required by _____ policy. **I certify that: I'm aware of the current medical standards for evaluating and management of concussions and other head injuries. I've examined the above-named child and he/she is cleared to return to play.**

Has the athlete sustained a concussion? Yes No

Health Care Provider Name: _____

Signature: _____ Date: _____