CONCUSSION: RETURN TO PLAY CLEARANCE

udent Name:	_ Date of Birth: _	
DAYS AFTER EVALUATION BY A LIC	RETURN TO PLAY (I.E. COMPETITION) C ENSED HEALTHCARE PROVIDER WHO N COMPLETING A GRADUATED RETURN	MADE THE DIAGNOSIS OF
participate in physical activit For athletes, progression to	otocol is required for all concussed so more rapidly than the gradual return eturn to play must be prescribed by a mosis and completed before the stude	n to play progression. a licensed healthcare
provider or designated school progressive steps on non-so on trainer (ATC), or identified has been trained to obtain the principal, physical edu	ed school staff member is: a school ried concussion monitor (e.g., coach,	rogress to school on nurse, certified athletic athletic director) who s a: school nurse, or a
Sign clearance for student to begin alternate protocol (as long as students)	ician or licensed healthcare provious provided Return to Play Protocol; Or ent does not return to play/competition to play/competition for athletes cannot be sooner a licensed healthcare provider.	r send school an on faster than 7 days)
student (or have attached an alter	the Gradual Return to Play Protocol, nate protocol). This student must see attempts, due to concussion sympton	ek medical attention if
Licensed Healthcare Provider Sign	ture Printed Name	Date
named student (or have attached	of the Gradual Return to Play Protoc an alternate protocol). The student is the Gradual Return to Play Protocol	s cleared to return to
Licensed Healthcare Provider Signa License Number: Contact Phone Number:	ure Printed Name	Date