## **CONCUSSION: RETURN TO PLAY CLEARANCE**

udent Name:	Date of Birth:
DAYS AFTER EVALUATION BY A LICENSED	RN TO PLAY (I.E. COMPETITION) CANNOT BE SOONER THAN 7 D HEALTHCARE PROVIDER WHO MADE THE DIAGNOSIS OF PLETING A GRADUATED RETURN TO PLAY PROTOCOL.
participate in physical activity more For athletes, progression to return	I is required for all concussed students. Students cannot e rapidly than the gradual return to play progression. to play <b>must</b> be prescribed by a licensed healthcare and completed before the student athlete can return to
progressive steps on non-school do For athletes a designated school do trainer (ATC), or identified contained to observe to For non-athlete students, design	hool staff member is: a school nurse, certified athletic oncussion monitor (e.g., coach, athletic director) who for symptoms. signated school staff member is a: school nurse, or a teacher, or other designee of the principal who has
alternate protocol (as long as student do	ded Return to Play Protocol; Or send school an bes not return to play/competition faster than 7 days) in for athletes cannot be sooner than 7 days and that
<u> </u>	radual Return to Play Protocol, for the above named rotocol). This student must seek medical attention if opts, due to concussion symptoms.
Licensed Healthcare Provider Signature	Printed Name Date
named student (or have attached an alte	e Gradual Return to Play Protocol, for the above ernate protocol). The student is cleared to return to bradual Return to Play Protocol completion.
Licensed Healthcare Provider Signature	Printed Name Date
License Number:  Contact Phone Number:	