

Concussion: Parent/Guardian Consent for Return to Play

I, the undersigned, am the parent/legal guardian of _____, a student-athlete for _____ High School.

I understand that my student-athlete has met the following requirements to begin a return to play (RTP) progression following their concussion injury.

- Asymptomatic at rest and with normal activities (including school), based on athlete self-report.
- Return to baseline levels with neurocognitive testing (ImPACT)
- Normal physical exam (balance testing, coordination, etc.)
- Cleared by MD for RTP (only needed if athlete was seen by MD for injury)
- Signed parent/guardian consent for return to play form

I understand that the Certified Athletic Trainer for my student-athlete's school will supervise the RTP progression and will clear my student-athlete for competition following the successful completion of all stages of the RTP. I give permission for my student-athlete to begin this process.

Date

Parent or Guardian Name (please print)

Signature of Parent or Guardian

Address: _____

E-Mail: _____ Phone: _____

President: James C. Vailas, MD Executive Director: Laura C. Decoster, ATC

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