

RETURN TO ACTIVITY - COMPETITION PERMISSION

This form is to be used after a student/athlete is removed from and not returned to activity/competition after exhibiting concussion symptoms. The student/athlete should not be returned to activity until written authorization is obtained from an appropriate health care professional and the parent/guardians. This form should be kept on file at the school.

Student/Athlete: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_ Activity/Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Reason for Student/Athlete's Incapacity

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

Guidelines for Returning to an Activity After a Concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

- 1. No activity, complete rest with no symptoms;
2. Light exercises: walking or stationary cycling with no symptoms;
3. Sport specific activity without body contact and no symptoms;
4. Practice without body contact and no symptoms - resume resistance training;
5. Practice with body contact and no symptoms;
6. Return to game play with no symptoms.

Note:

- 1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for one (1) full day, then restart at the previous step;
2. Never return to competition with symptoms;
3. Do not use "smelling salts";
4. When in doubt, sit them out.

Health Care Professional's Action

I have examined the named student/athlete following this episode and determined the following:

\_\_\_ Permission is granted for the student/athlete to return to activity/competition

\_\_\_ Permission is not granted for the student/athlete to return to activity/competition

Comments: \_\_\_\_\_

\_\_\_\_\_

Health Care Professional

Date

Parent/Guardian

Date

School Administrator

Date