CONCUSSION OR HEAD INJURY
RETURN TO PLAY FORM

Student Name:_____ DOB:_____ Grade:_____

Date of Injury:_____

Health Care Provider Medical Clearance and
Written Authorization to Return to Play

I, _____ with Health Care License # _____
      (print health care provider name)

of _____

      (print business name and address)

by signing this Concussion or Head Injury Return to Play Form certify the following:

1. I am licensed, certified, or otherwise statutorily authorized by the State of New Hampshire to provide medical treatment and am trained in the evaluation and management of concussions.
2. I examined the above-named student on the date listed below.
3. I explained to the student and the student's parent/guardian the nature and risks of concussions or head injuries including the risks of continuing to play and practice after sustaining a concussion or head injury.
4. I have medically cleared the above-named student to return to play and practice without any restrictions.
5. The above-named student has my written authorization to return to play and practice.

Date:_____   _____

                                     (signature of health care provider)

Parent/Guardian Written Permission to Return to Play

I, _____ am the parent/guardian of the above-named
    (print name of parent/guardian)

student who was removed from play at a practice or game because of a suspected concussion or head injury. By signing this Concussion or Head Injury Return to Play Form, I certify the following:

1. My child was evaluated by our health care provider who is listed above and has received written medical clearance to return to play and practice.
2. Our health care provider has explained to us the nature and risk of concussions and head injuries including the risks to my child of continuing to play and practice after sustaining a concussion or head injury.
3. I understand, acknowledge, and accept the risks of my child returning to play and practice.
4. I understand and acknowledge that my child cannot return to play and practice without my written permission.
5. I give my written consent and permission for my child to return to play and practice.

Date:_____   _____

                                     (signature of parent/guardian)