



RECREATION

Medical Release for Return to Athletic Participation Following a Concussion or Other Injury

This release is to certify that _____ (*Participant's Name*) has been examined due to exhibiting the signs, symptoms and behaviors consistent with a concussion/brain injury or other injury. Following an examination, it is my medical opinion that he/she:

_____ **Is unable to return to participation in athletics until further notice.**

Return appointment scheduled on: _____.
(Date)

_____ **May return to limited participation in athletics on** _____.
(Restrictions are noted below) (Date)

_____ **Following return to limited participation this student needs to return for re-evaluation before being released for full participation in athletics.**

_____ **May return to full participation in athletics on** _____.
(Date)

Restrictions: _____

Health Care Provider's Name (Type or Print)

Date

Health Care Provider's Signature

Phone Number

Parent or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her concussion or other injury as per the instructions detailed above.

Parent or Guardian's Name (Type or Print)

Date

Parent or Guardian's Signature

Phone Number