



Pittsburgh Youth Lacrosse

Recommended Post Concussion Instructions and Return to Play Clearance Form

To: Parent/Guardian of: _____

Name of Representative: _____

Position of Representative: _____

Phone Number of Representative: _____

Your child/ward _____ may have sustained a concussion, and by policy has been removed from play/ practice until he/she has been medically cleared to return to play by a qualified health care professional. You should have your child evaluated by an appropriate health care provider immediately.

Talk to your health care provider about the following:

- Á Management of symptoms
- Á Appropriate levels of school activity or the need for reducing academic coursework for a temporary period of time
- Á Appropriate levels of physical activity

Before your child/ward will be permitted to return to practice or play in games, the attached Return to Play Clearance Form must be completed and signed by a qualified Health Care Provider and given to your team's Coach or Program Administrator.

Description of Event:

Date: _____

Attachment: Concussion Return to Play Clearance Form



Pittsburgh Youth Lacrosse Concussion Return to Play Clearance Form

To: Health Care Provider

This form has been developed in order to provide a uniform method for health care professionals to provide a written release for student/athletes to return to play after having suffered a concussion or having demonstrated signs, symptoms or behaviors consistent with a concussion and having been removed from competition or practice as a result.

As of February 2014, the Western Pennsylvania Youth Lacrosse Association recommends that all of their member lacrosse programs require that a child suspected of having sustained a concussion be removed from sporting events and prohibited from returning to play until that child has been evaluated by an appropriate health care provider.

These guidelines require the following of the health care provider:

- Á Provide the organization with a written statement, stating that within 3 years before the day on which the written statement is made that they have successfully completed a continuing education course in the evaluation and management of concussion.

- Á Provide the organization with written clearance that the child is cleared to resume participation in Lacrosse.

In order to maintain compliance with our program, our organization requests that the healthcare provider utilize this form in granting medical clearance to return to sporting events.



Pittsburgh Youth Lacrosse
STUDENT / ATHLETE TO RETURN TO PLAY CLEARANCE FORM

Student/Athlete Name

Date of Birth

Date of injury

Date of Initial Exam

____ After reviewing the available medical facts, it is my opinion that the above named athlete did NOT sustain a concussion on the date of injury noted and is medically released to return to play in the above sport.

____ After reviewing the available medical facts, it is my opinion that the above named athlete did sustain a concussion on the date of injury noted above, but has recovered and is medically released to return to play Lacrosse.

By signing this form the health care professional is certifying that they are a licensed health care provider practicing within their scope of practice, and have within 3 years of this date completed a continuing education course in the evaluation and management of concussion.

Health Care Professional Signature

Date signed

Health Care Professional Name (printed or typed)

Office phone

Health Care Professional Office Address