



MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A CONCUSSION OR OTHER INJURY

This release is to certify that _____ has been examined
(Athlete's name)

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:

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

_____ **Following return to limited participation this patient 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's 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's or Guardian's Signature

Date

Parent's or Guardian's Home Phone #

Parent's or Guardian's Cell Phone #