



# MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A CONCUSSION

Please Print. Once completed, the original form should be sent to the attention of Christopher Farroni, Athletic Administrator and a copy is to be retained by the Pastoral Designee.

Team Name: \_\_\_\_\_ Team City: \_\_\_\_\_

This release is to certify that \_\_\_\_\_ has been examined  
(Student-athlete's name)  
due to experiencing the signs, symptoms and behaviors consistent with a concussion. Following an examination, it is my medical opinion that he/she:

\_\_\_\_\_ **Is unable to return to any participation in athletics until further notice.**  
**Return appointment scheduled on:** \_\_\_\_\_  
(Date)

\_\_\_\_\_ **May return to limited participation in athletics on:** \_\_\_\_\_  
(Limitations are noted below) (Date)

\_\_\_\_\_ **May return to limited participation and this student needs to return for re-evaluation before being released for full participation in athletics.**  
(Limitations are noted below)

\_\_\_\_\_ **May return to full participation in athletics on:** \_\_\_\_\_  
(Date)

Limitations:

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

\_\_\_\_\_  
Health Care Provider's Name (Type or print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Phone Number

## Parent's or Guardian's Consent

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

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Cell Phone #

\_\_\_\_\_  
Parent's or Guardian's Work Phone