

STUDENTS

3505F2

Concussion - Return to Participation Medical Release

If student sustains a concussion, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the student must be immediately removed from all athletic or activity participation. The student may only return to physical activity if/when the student is evaluated by a licensed health care provider trained in the evaluation and management of concussions, and receives the following written clearance to return to play.

The following student has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625)**. This form must be signed by the above referenced medical professional and returned to the Garden Valley School District in order for the athlete student to return to participation.

Student Name: _____ DOB: ____/____/____

Injury Date: ____/____/____ Activity or Sport: _____

Mechanism of Injury: _____

Symptoms upon evaluation: _____

Sideline evaluation completed: Yes ☐ No ☐

Evaluation completed by: _____

In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Play Protocol *BEGINS* with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the student to normal activities. There is a minimum 24 hour period between each step. If at any time the student's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24 hour period of rest has passed.

Graduated Return-to-Play (RTP)

- Stage 1 - Rest until asymptomatic (physical and cognitive rest)
- Stage 2 – Light aerobic activity (light jogging, stationary bike or treadmill)
- Stage 3 – Moderate exercise (moderate jogging, brief running, or stationary biking)
- Stage 4 – Non-contact sport specific drills and light weight training
- Stage 5 – Full-contact drills and training with MEDICAL CLEARANCE
- Stage 6 – Return to competition

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete has completed the above Return to Play Protocol and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition.

Name: _____ Signature: _____

Phone: _____ Fax: _____ Today's Date: _____

I (parent/guardian) attest that my child has successfully completed the full Return to Play Protocol as outlined above, and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: _____

Signature: _____

Phone: _____ Today's Date: _____