

<b>VALLEY CITY PUBLIC SCHOOL DISTRICT #2</b>  <b>VALLEY CITY, NORTH DAKOTA 58072</b>  <b>RETURN TO PLAY ACKNOWLEDGEMENT FORM</b>	<b>Descriptor Code</b> <b>FCAF-E2</b>	<b>1<sup>st</sup> Reading</b> <b>2/21/18</b>
	<b>Adopted</b> <b>2/21/18</b>	<b>Revised/<del>Rescinded</del></b>

### RETURN TO PLAY ACKNOWLEDGEMENT FORM

I acknowledge that I have been informed by \_\_\_\_\_ (name, title) of the return to play restrictions following a concussion or injury of the student athlete named below. I agree to comply with these restrictions while this student athlete is participating in practice, training, or competition.

\_\_\_\_\_  
Coach's signature

\_\_\_\_\_  
Coach's name

\_\_\_\_\_  
Date

Athlete's name \_\_\_\_\_  
(please print)

Sport \_\_\_\_\_

Instructions: Attach to healthcare provider's return-to-play authorization and file in student's educational record.