

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.

End of Warwick School District #29 Exhibit FCAF-E2