



North Carolina High School Athletic Association



RETURN TO PLAY FORM: CONCUSSION MEDICAL CLEARANCE RELEASING THE STUDENT-ATHLETE TO RETURN TO ATHLETIC PARTICIPATION

Name of Athlete: _____ Sport: _____ Male/Female

DOB: _____ Date of Injury: _____ Date Concussion Diagnosed: _____

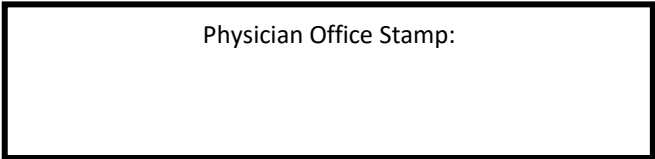
This is to certify that the above-named student-athlete has been evaluated and treated for a concussion. I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress.

(If previously designated by the Licensed Physician overseeing the student-athletes care, this form may be completed by a Licensed Athletic Trainer.)

By signing below, I attest that the above-named student-athlete has successfully completed the Return to Play Protocol through stage 4. The student-athlete is released to progress through stage 5 and if remains symptom-free, may resume full participation in athletics.

Signature of Physician Licensed to Practice Medicine MD or DO (Please Circle) Date: _____
Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

Please Print Name



By signing below, I attest that the above-named student-athlete has successfully completed the Return to Play Protocol and is now released to full participation in athletics.

Signature of Licensed Athletic Trainer Date

Please Print Name

By signing below, I hereby give consent for my child to return to full participation in athletics.

Signature of Parent/Legal Custodian Date

Please Print Name