

Post-concussion Consent Form

Date _____

Student's Name _____

Year in School _____

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play protocols established by Illinois State law and the St. Linus Athletic Board;
2. I understand the risks associated with my student returning to play and will comply with any ongoing requirements in the return-to-play protocols;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

Cleared for RTL

Cleared for RTP

Date _____

Date _____