



CONCUSSION RETURN TO PLAY FORM

Must be signed by M.D./D.O.

This form is adapted from the standards for Acute Concussion Evaluation (ACE) care plan on the CDC web site (<https://www.cdc.gov/traumaticbraininjury/>). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Please initial any recommendations that you select. Only an M.D. or D.O. may authorize return to play once an athlete is deemed to have been concussed.

| | | | |
|----------------|--|---------------|--|
| Athlete's Name | | Date of Birth | |
| Date of Injury | | | |

Return to Sports and Sport-Activities

1. Athletes should not return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. Athletes, be sure that your coach and/or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating health care provider.
4. The return to play must be based on today's evaluation.
5. The return to activity/play may only be authorized after completion of step-wise protocols as required by the medical provider.
6. The return to play may not be issued based on resumption at a future date.

Physical Education

| | |
|--------------------------|--|
| <input type="checkbox"/> | Do not Return to PE class at this time |
| <input type="checkbox"/> | May return to PE class at this time |

Sports (check as appropriate)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Cleared for full participation in all activities without restrictions as of this date |
| <input type="checkbox"/> | Cleared for participation as of this date with restrictions as described below |
| <input type="checkbox"/> | Not cleared at this time |

| | | | |
|--------------------|--|--|--|
| Date of Evaluation | | Date patient is to return to this office for additional evaluation | |
|--------------------|--|--|--|

Provider Information

| | | | |
|--------------------------|----------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | Medical Doctor | <input type="checkbox"/> | Osteopathic Physician (D.O) |
| Provider Name | | Provider Office Phone | |
| Provider Signature | | Provider Office Address | |

Concussion Return to Play Protocol

Return to play policy for a student-athlete receiving a concussion, after the mandatory removal that day

- a) Once a concussion has been diagnosed (or presumed by lack of examination by an appropriate health care provider), only an MD or DO can authorize return to play on a subsequent day, and such shall be in writing to the administration of the school.
- b) Such approval should not be given unless a stepwise protocol has been observed by all practitioners with separate periods for:
 - (1) No activity;
 - (2) Light aerobic exercise;
 - (3) Sport-specific exercise;
 - (4) Non-contact training drills;
 - (5) Full-contact/competition practice; and
 - (6) Return to normal game play.
- c) It is highly recommended that each of these protocol steps be no less than twenty-four hours in length.
- d) It is highly recommended that no student-athlete return to play unless he/she has been properly recommended to also return to school.
- e) School administration shall then notify the coach as to the permission to return to practice or play.
- f) If an event continues over multiple days, then the designated event physician has ultimate authority over return to play decisions and such return to play may not be prior to the third day following the initial diagnosis, and until all steps of the protocol in Section (b) have been followed.