



MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A CONCUSSION

To assure the safety of a player after they were treated for a concussion, the return to play form is mandated by the State of Ohio and required to be completed and return to CYO and the parish/school athletic director before they can participate.

This release is to certify that _____ has been examined
(student-athlete's name)

due to experiencing the signs, symptoms and behaviors consistent with a concussion. Following an examination, it is my medical opinion that he/she:

_____ **Is unable to return to any participation in athletics until further notice.**

Return appointment scheduled on: _____
(Date)

_____ **May return to limited participation in athletics on** _____
(Restrictions are noted below) (Date)

_____ **May return to limited participation and this student needs to return for re-evaluation before being released for full participation in athletics.**

_____ **May return to full participation in athletics on** _____
(Date)

Restrictions: _____

Appropriate Health Care Provider's Name (Type or print)

Appropriate Health Care Provider's Signature

Phone Number

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following their concussion as per the instructions detailed above.

Parent's or Guardian's Signature

Date

Parent's or Guardian's Cell Phone #

Parent's or Guardian's Work Phone #