CONCUSSION OR HEAD INJURY
RETURN TO PLAY FORM

Players will need a medical clearance and written parental permission to return to play and practice. If the player exhibits signs and symptoms of a concussion after returning to play or practice, the student will not be allowed to continue the activity, and the parent/guardian will be notified.

Player Name:_____ DOB:_____ Team:_____

Date of Injury:_____

Health Care Provider Medical Clearance and
Written Authorization to Return to Play

I, _____ with Health Care License # _____
      (print health care provider name)

of _____
      (print business name and address)

by signing this Concussion or Head Injury Return to Play Form certify the following:

1. I am licensed, certified, or otherwise authorized Health Care Professional by the State of Maryland to provide medical treatment.
2. I examined the above-named player on the date listed below.
3. I explained to the player and the player's parent/guardian the nature and risks of concussions or head injuries including the risks of continuing to play and practice after sustaining a concussion or head injury.
4. I have medically cleared the above-named player to return to play and practice.
5. The above-named player has my written authorization to return to play and practice.

Date:_____ _____
                        (signature of health care provider)

Parent/Guardian Written Permission to Return to Play

I, _____ am the parent/guardian of the above-named
      (print name of parent/guardian)

player who was removed from play at a practice or game because of a suspected concussion or head injury. By signing this Concussion or Head Injury Return to Play Form, I certify the following:

1. My child was evaluated by the health care provider listed above and has received written medical clearance to return to play and practice.
2. The health care provider has explained to us the nature and risk of concussions and head injuries including the risks to my child of continuing to play and practice after sustaining a concussion or head injury.
3. I understand, acknowledge, and accept the risks of my child returning to play and practice.
4. I understand and acknowledge that my child cannot return to play and practice without my written permission.
5. I give my written consent and permission for my child to return to play and practice.

Date:_____ _____
                        (signature of parent/guardian)