



BBSEF Concussion - Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions, and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625)**. This form must be signed by the above referenced medical professional and returned to the **Risk Management Director: Terry Sevy, tcv13@yahoo.com**.

Athlete Name: _____ DOB: ____/____/____

Injury Date: ____/____/____ Sport: _____ Level (Varsity, JV, Club, etc.) _____

Mechanism of Injury:

Symptoms upon evaluation:

Sideline evaluation completed: Yes No

Evaluation completed by: _____

In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six step process gradually returning the athlete to normal activities. There is a minimum 24 hour period between each step. If at any time the athlete's concussion symptoms reoccur they must return to the previous asymptomatic level and reattempt progression after a further 24 hour period of rest has passed.

Graduated Return-to-Sport (RTS)

An initial period of 24-48 hours of both relative physical rest and cognitive rest is recommended before beginning RTS progression.

Stage 1 – Symptom limited activity (Daily activities that do not provoke symptoms)

Stage 2 – Light aerobic exercise (Walking or stationary cycling at slow to medium pace. No resistance training)

Stage 3 – Sport-specific exercise (Running or skating drills. No head impact activities)

Stage 4 – Non-contact training drills (Harder training drills, eg, passing drills. May start progressive resistance training)

Stage 5 – Full-contact practice with MEDICAL CLEARANCE (Participate in normal training activities)

Stage 6 – Return to sport (Normal game play)

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete has completed the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition.

Name: _____ Signature: _____

Phone: _____ Fax: _____ Today's Date: _____

I (parent/guardian) attest that my child has successfully completed the full Return to Sport Strategy as outlined above, and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: _____

Signature: _____

Phone: _____ Today's Date: _____