



RETURN TO COMPETITION

This form is to be used after an athlete is removed from and not returned to competition after exhibiting concussion symptoms. Firebirds require unconditional written authorization from a physician (MD/DO/ Physician's Assistant/ Nurse Practitioner) before an athlete may return to activity after exhibiting concussion symptoms that caused that athlete to be removed for the duration of a contest.

In cases where an assigned physician (MD/DO/PA/NP) is pre-sent, his or her decision to not allow a student to return to activity may not be overruled.

Athlete: _____ School: _____

Event/Sport: _____ Date of Injury: _____

REASON FOR ATHLETE'S INCAPACITY

Action of M.D., D.O., Physician's Asst. or Nurse Practitioner

- The clearance must be in writing and must be unconditional. It is not sufficient that the M.D., D.O. Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-play progression. The medical examiner must approve the student's return to un-restricted activity.
- Individual school, districts and leagues may have more stringent requirements and proto-cols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior to or after the written clearance for return to activity.
- A school or licensed health care professional may use a locally created form provided it complies with MHSAA regulations. (See MHSAA Concussion Protocol)

I have examined the named student-athlete following this episode and determined the following:

Permission is granted for the athlete to return to activity (may **not** return to practice or competition on the same day as the injury).

DATE: _____

SIGNATURE (Must be MD/ DO/PA/NP)

Examiner's Name (Printed): _____
Copies to: Team Coach and Athletic Director (Duplicate as Needed)