

GOSHEN COMMUNITYY SCHOOLS - HEAD CONCUSSION EVALUATION
RELEASE TO PLAY FORM FOR LICENSED HEALTH CARE PROVIDERS

Student Name: _____ Date of Birth: _____ Grade: _____

School _____ Number of Past Concussions: _____ Date of Initial Exam _____

Date of Injury _____ GCS Trainer Name and Phone Number _____

Brief Description of Injury:

HEALTH CARE PROVIDER SECTION

Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a head concussion may not return to play until the student athlete has been evaluated by a **licensed health care provider trained in the evaluation and management of concussions and head injuries** and receives a written clearance to return to play from the health care provider who evaluated the student athlete.

Health Care Provider Name: _____

License Number: _____ Licensing Board: _____

_____ After reviewing the available medical facts, it is my opinion the above named athlete did NOT sustain a concussion on the date of injury noted and is medically released to return to play after not less than twenty-four (24) hours have passed since the athlete was removed from play.

_____ The above named athlete is cleared, as of today, to return to all activities including sports without restriction after not less than twenty-four (24) hours have passed since the athlete was removed from play.

_____ After reviewing the available medical facts, it is my opinion the above mentioned athlete IS NOT CLEARED to participate in sports-related activities until seen for a follow up exam.

_____ The above named athlete did sustain a concussion on the date of the injury noted and has recovered but has not progressed through the return to play protocol. The athlete is therefore medically released to continue to advance activities per the schedule below. Please note that if signs and symptoms of a concussion re-occur, the student must return to the previous stage and parents must contact the licensed health care provider for instructions.

Step 1: May participate in light activity on the following date - _____
(10 minutes on an exercise bike, walking or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date - _____
(Moderate intensity activity on an exercise bike, jogging or weight lifting)

Step 3: May participate in heavy; non-contact physical activity on the following date - _____
(Sprinting, running, high-intensity exercise bike, weight lifting; but no contact sports)

Step 4: May return to full practice and full game play on the following date - _____

_____ Other – please list restrictions: _____

Signature of Health Care Provider

Date

Phone Number

Printed Name of Health Care Provider

Location of Clinic