

## Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

	Student Name (Please Print)	School Name (Please Print)
Desi	ignated school district official verifies:	
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	The student has been evaluated by a treating physicial person with legal authority to make medical decision	· · · · · · · · · · · · · · · · · · ·
	The student has completed the Return to Play protoco Oversight Team.	ol established by the school district Concussion
	The school has received a written statement from the physician's professional judgment, it is safe for the statement from the	
	School Individual Signature	Date
	School Individual Name (Please Print)  — — — — — — — — — — — — — — — — — — —	
stud	ent, or other person with legal authority to lent signs and certifies that he/she:	udent participating in returning to play in
stud	ent, or other person with legal authority to lent signs and certifies that he/she:  Has been informed concerning and consents to the st	udent participating in returning to play in ed by the Concussion Oversight Team.
stud	ent, or other person with legal authority to lent signs and certifies that he/she:  Has been informed concerning and consents to the st accordance with the return to play protocol established.  Understands the risks associated with the student return.	udent participating in returning to play in ed by the Concussion Oversight Team.  urning to play and will comply with any ongoing ensistent with the Health Insurance Portability and the treating physician's written statement under
	ent, or other person with legal authority to lent signs and certifies that he/she:  Has been informed concerning and consents to the st accordance with the return to play protocol established.  Understands the risks associated with the student return requirements in the return to play protocol.  Consents to the disclosure to appropriate persons, con Accountability Act of 1996 (Pub. L. No. 104-191), or	udent participating in returning to play in ed by the Concussion Oversight Team.  urning to play and will comply with any ongoing ensistent with the Health Insurance Portability and the treating physician's written statement under nendations of the treating physician.