Student Concussion Management Plan
MEDICAL Clearance FORM

Student/Athlete Name: _____ Date:_____

Birthdate: _____ School of Attendance: _____

The diagnosis of a concussion is a medical decision made by the student's physician or other qualified healthcare provider. Accordingly, the resolution of the injury must be verified and medical clearance given by an appropriately licensed healthcare professional.

- ☐ This student has been evaluated, diagnosed, and treated for a concussion.
- ☐ This student is no longer experiencing any signs or symptoms related to a concussion and may be released to full academic participation.

For students who are in Physical Education (PE) class and/or participate in interscholastic sports/athletics:

- ☐ Student can begin a Return-to-Play (RTP) progression.
- ☐ Student has completed a Return-to-Play (RTP) progression and has medical clearance for full athletic participation.

Comments:

Healthcare Provider Signature: _____ Date: _____

Contact Information:

Parent/Guardian Acknowledgement: _____ Date: _____

Contact Information: