



St. Catharines Club Roma Soccer

## CONCUSSION GUIDE & RETURN TO PLAY

Aligned with Rowan's Law and Ontario Soccer Guidelines

### 1. Purpose

Our concussion guide ensures the safety and well-being of all players by providing education, recognition, management, and return-to-play procedures for concussions, in alignment with Rowan's Law and sport safety best practices.

### **Return-to-Play Clearance Form - REQUIRED**

Player Name: \_\_\_\_\_

Team Name/Age Group: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Date of Medical Clearance: \_\_\_\_\_

Medical Practitioner Confirmation

I confirm that the above-named athlete has been medically assessed and is cleared to return to participation in soccer, having successfully completed all required return-to-play stages without recurrence of symptoms.

Name of Physician/Nurse Practitioner: \_\_\_\_\_

Signature: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Acknowledgment (if athlete is under 18):

I acknowledge that my child has been cleared to return to play and will follow the recommendations outlined above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Club Use Only Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_