



## Jesup Community School’s Medical Release for Return to Participation Following a Concussion

Athlete’s Name: \_\_\_\_\_ Sport: \_\_\_\_\_  
DOB & Grade: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

*An athlete with a suspected concussion must be evaluated by an approved healthcare provider. Iowa Code §280.13C defines an approved healthcare provider as a licensed physician, physician’s assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer.*

This release is to certify that the student athlete has been examined due to experiencing the signs, symptoms and behaviors consistent with a concussion/brain injury. Following an examination, it is my medical opinion that he/she has been diagnosed with a concussion and is to complete the Return to Learn and Return to Play protocol under the supervision of a licensed healthcare provider prior to returning to athletics.

**Healthcare Providers (Sign & Date):** \_\_\_\_\_

This release is to certify that the student athlete has been examined due to experiencing the signs, symptoms and behaviors consistent with a concussion/brain injury. Following an examination, it is my medical opinion that he/she has been diagnosed with \_\_\_\_\_ and is NOT diagnosed with a concussion and the following recommendations and/or restrictions have been given:

\_\_\_\_\_.

**Healthcare Providers (Sign & Date):** \_\_\_\_\_

### Return to Play (RTP) Procedures:

Return to play following a concussion is a medical decision made on an individual basis by licensed healthcare providers. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly as determined by the healthcare provider who has evaluated the athlete.

**NOTE:** The athlete should spend a minimum of 24 hours at each step before advancing to the next. If concussion symptoms return at ANY step, the athlete must stop the activity and contact their licensed healthcare provider. The athlete should rest until symptom free for 24 hours. Once back to previous asymptomatic level for 24 hours, the athlete may begin the progression again.

- **Written clearance to return to competition by a licensed healthcare provider is required by Iowa Code §280.13C!**



Date: \_\_\_\_\_ Step 1: **No Activity** (Recovery) *Complete physical and cognitive rest. This may include staying home from school or limiting school hours. Activities requiring concentration may worsen symptoms. It is recommended that the student be asymptomatic for a minimum of 24 hours, off all concussion related medications, and tolerate light to moderate tasks at home prior to returning to school.*

Date: \_\_\_\_\_ Step 2: **Return to school full-time/normal cognitive daily activities and functions.**

Medical clearance can be given once the student is in school on a full-time basis remaining asymptomatic (if school is in session) and has returned to baseline on adjunct assessment tools. This release is to certify that the student athlete has been examined following the diagnosis of a concussion and has completed steps 1-2 of the return to play process and is cleared to advance through step 5 while being closely monitored by a licensed healthcare provider, or their designee.

**Healthcare Provider (Sign & Date):** \_\_\_\_\_

Date: \_\_\_\_\_ Step 3: **Light Aerobic Exercise** (Increase Heart rate <70%) *Walking, Swimming, Stationary Cycling. No weight or resistance.*

Date: \_\_\_\_\_ Step 4: **Sport Specific Exercise** (Add Movement, Heart Rate <80%) **NO HEAD IMPACT.** *Running Drills. No helmet or equipment.*

Date: \_\_\_\_\_ Step 5: **Non-Contact Training Drills** (Coordination & Attention, Heart Rate <90%) *May start weight lifting. Practice non-contact training drills. **NO HEAD IMPACT.***

This release is to certify that the student athlete has successfully completed steps 1-5 and it is the healthcare provider's medical opinion that he/she is ready to return to full contact for a practice in order to determine their eligibility for return to competition.

**Healthcare Provider (Sign & Date):** \_\_\_\_\_

Date: \_\_\_\_\_ Step 6: **Full Contact Practice** (Restore confidence and assess functional skills) *No competition allowed at this step.*

This release is to certify that the student athlete has completed the entire Return to Learn and Return to Play protocol including a full contact practice and it is in my medical opinion that he/she is ready to be cleared for competition.

**Cleared for Return to Play by Healthcare Provider (Sign & Date):** \_\_\_\_\_

I hereby give my consent for my son/daughter to return to participation following his/her concussion as per the instructions detailed above.

**Signature of Student Athlete's Parent/Guardian (Sign & Date):** \_\_\_\_\_

Date: \_\_\_\_\_ Step 7: **Normal competition in contest**