



# GREAT PLAINS YOUTH FOOTBALL LEAGUE

## Concussion Release / Return to Action Form

If a coach or league official reasonably suspects that a participant has suffered a concussion, they will be removed from any further football related activities and will not be allowed to return until the parent has provided a signed medical release statement and parent release before the player is allowed to participate in further activities, conditioning, practices or games in Great Plains Youth Football League.

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Printed)

### INCIDENT DETAILS

Please give a brief description of the events that occurred and what was observed indicating the participant may have suffered a concussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LICENSED MEDICAL CONSENT & RELEASE

I hereby grant permission for the aforementioned named player to participate in all activities, including conditioning, practices and games in the Great Plains Youth Football League. It has been determined through proper, complete medical evaluation and treatment that the aforementioned player is safe to return without restrictions.

I am qualified to grant the return of the aforementioned player as a Licensed Health Care Professional physician or licensed practitioner under the direct supervision of a physician, PA-C or APRN; a neuropsychologist, an athletic trainer; or a qualified healthcare professional that is trained in the evaluation and management of traumatic brain injury among a pediatric population.

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

### PARENT OR GUARDIAN CONSENT & RELEASE

I, the parent or guardian of the aforementioned named player participating in the Great Plains Youth Football League, hereby give my approval for his/her return to all football related activities, including conditioning, practices and games. By signing, I hereby agree that my son or daughter, playing in the Great Plains Youth Football League, has been properly assessed, diagnosed and treated by the above-named medical professional and give my permission for their unrestricted return to football activities. I also agree to inform school administration, counselors, teacher's including other sports program leaders and coaches that my child is currently participating.

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

**Signed and completed forms must be returned to the Great Plains Youth Football League office prior to the player returning to any football related activities. Please email completed forms to [admin@greatplainsfootball.com](mailto:admin@greatplainsfootball.com).**