

# Return to Play Form

This form is to be used after an athlete is removed from the field of play after exhibiting concussion symptoms. Ware County Rec. Dept. Concussion Policy requires written authorization from a physician or other licensed medical professional before an athlete may return to play after exhibiting concussion symptoms that cause that athlete to be removed from the field. This athlete MAY NOT return to play nor participate in any sports activity on the same day that he or she has been removed (even if a written medical clearance is provided).

**Athlete name** \_\_\_\_\_

**Date of injury** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Injury occurred during:** *(please circle one)*

Practice      Game      Scrimmage      Tournament      Other

**REASON FOR ATHLETE'S INCAPACITY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S ACTION**

I have examined the named athlete following the episode and determined the following:

**Permission is granted** for the athlete to return to competition (may **not** return to practice or competition on the same day as the injury). **COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Physician's Printed Name** \_\_\_\_\_

**Copies to: Team Coach, Ware County Rec. Dept Staff  
Duplicate as Needed**