



**MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION  
FOLLOWING A CONCUSSION OR OTHER INJURY**

This release is to certify that \_\_\_\_\_ has been examined  
(Athlete's name)

due to exhibiting the signs, symptoms, and behaviors consistent with a concussion/brain injury or other injury. Following an examination, it is my medical opinion that he/she:

\_\_\_\_\_ **May return to limited participation in athletics on** \_\_\_\_\_ . (Date)  
*(Restrictions are noted below)*

\_\_\_\_\_ **Following return to limited participation this patient needs to return for re-evaluation before being released for full participation in athletics.**

\_\_\_\_\_ **May return to full participation in athletics on** \_\_\_\_\_ . (Date)

*Restrictions:*

---

---

---

\_\_\_\_\_  
**Health Care Provider's Name** (Type or print)

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

\_\_\_\_\_  
**Health Care Provider's Signature**

\_\_\_\_\_  
**Phone Number**

**Parent's or Guardian's Permission and Release**

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

\_\_\_\_\_  
**Parent's or Guardian's Signature**

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

\_\_\_\_\_  
Parent's or Guardian's Home Phone #

\_\_\_\_\_  
Parent's or Guardian's Cell Phone #