

Diagnosed Concussion Injury Form 2

Return to Physical Activity: Completion of Steps 3-5

This form is to be completed by the parent/guardian of the student named in this document before the student is permitted to proceed to Step 5 and returned to the school Principal/designate.

Name of Student _____

Grade _____ School _____

Please indicate your acknowledgement and agreement by checking all boxes confirming the following:

- My child/ward has completed **Steps 3, 4 and 5** for at least 24 hours for each step, is symptom free and may proceed to **Step 6 (Return to contact for training/practices and full participation in non-contact competitive sports)**

- I have consulted with my child's/ward's medical doctor/nurse practitioner and agree with the medical recommendation made on the Medical Assessment for Return to Learn/Play Readiness Form.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Date _____