

## 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 2B/Step 3 and return to the school Principal/designate.

Student Name \_\_\_\_\_

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 \_\_\_\_\_