

# RAYMOND HIGH SCHOOL

*"Home of the Rams"*

## Return to Activity Post-Head Injury Consent Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Provider's Name: \_\_\_\_\_

Provider's Office Name: \_\_\_\_\_ Provider Clearance Date: \_\_\_\_\_

### Parent/Guardian and Student Written Permission for RTP

I, \_\_\_\_\_ am the parent/guardian of the above named student who was removed from play at a practice or contest because of suspected concussion/head injury.

By signing this I am fully informed and consent to the following:

- My child has been evaluated by and has received written clearance to return to activity from a MD, DO, PA or NP. This documentation has therefore been provided to the RHS Health Office and/or Athletic Department/Athletic Trainer.
- I agree to comply with all relevant protocols established by my child's school and the NHIAA
- Our healthcare provider/athletic trainer/school nurse has explained the risks of head injuries including the risks of my child returning to activity after sustaining a head injury
- I understand, appreciate, acknowledge and assume the risks associated with such return to activity, including by not limited to the increased risk of subsequent concussions/head injuries.
- I understand and acknowledge that my child can not return to play without my written permission to do so.

I hereby provide my written consent and permission for my child as indicated above to return to activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

As the student-athlete indicated above I have read, understand, acknowledge and agree to the above statements as verified by my parent/guardian.

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

***Learning. Growing. Forever Green.***