

NAME OF STUDENT-ATHLETE _____

ADDRESS: _____

PHONE: _____

NAME OF SCHOOL/TEAM _____

SPORT/ACTIVITY _____

DETAILS OF INJURY

DATE OF INJURY: _____

DESCRIPTION OF HOME CARE / MONITORING FOR CONCUSSION-LIKE SIGNS OR SYMPTOMS

I certify that I am a parent/guardian of the above named student-athlete whom I have been monitoring for signs or symptoms that would indicate to me that he/she is suffering from a concussion.

As of this date he/she does not show or self-admit any concussion-like signs or symptoms.

Therefore, as the student-athlete's parent/guardian, I hereby give clearance for him/her to begin a gradual physical training process for the purpose of returning to sports participation and will continue to monitor him/her for the return of any concussion-like signs or symptoms.

SIGNATURE OF PARENT/GUARDIAN _____

NAME OF PARENT/GUARDIAN _____

TODAY'S DATE: _____