

NAME OF STUDENT-ATHLETE _____

ADDRESS: _____

PHONE: _____

NAME OF SCHOOL/TEAM _____

SPORT/ACTIVITY _____

DETAILS OF INJURY

DATE OF INJURY: _____

DESCRIPTION OF MONITORING FOR CONCUSSION-LIKE SIGNS OR SYMPTOMS

The above-named student-athlete has been monitored for signs or symptoms of a possible concussion.

I certify that, as of this date, to my knowledge, the above named student-athlete does not exhibit any signs or symptoms which would prevent the beginning of a gradual physical training process for the purpose of returning to sports participation.

Therefore, as the School CMP Leader, I hereby give clearance for him/her to begin a gradual physical training process for the purpose of returning to sports participation and will ask his/her School CMP Head Coach to continue to monitor him/her for the return of any concussion-like signs or symptoms.

SIGNATURE OF SCHOOL CMP LEADER _____

NAME OF HEAD SCHOOL CMP LEADER _____

TODAY'S DATE: _____