

NAME OF STUDENT-ATHLETE _____

ADDRESS: _____

PHONE: _____

NAME OF SCHOOL/TEAM _____

SPORT/ACTIVITY _____

DETAILS OF GRADUAL PHYSICAL TRAINING PROCESS

The above-named student-athlete has been monitored for the return of signs or symptoms of a possible concussion while undergoing a gradual physical training process for the purpose of returning to sports participation.

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 return to full contact sports participation in the above-named sport.

Therefore, as the School CMP Leader, I hereby give clearance for him/her to return to full contact sports participation, including competition.

SIGNATURE OF SCHOOL CMP LEADER _____

NAME OF SCHOOL CMP LEADER _____

TODAY'S DATE: _____