

MEDICAL AUTHORIZATION TO RETURN TO PLAY WHEN A STUDENT HAS NOT RECEIVED A CONCUSSION

NFHS rules and DRA policy require a student who exhibits signs, symptoms or behaviors associated with concussion to be removed from a contest and not permitted to reenter competition without written medical authorization from a physician (M.D. or D.O.) or an Athletic Trainer. This form shall serve as the authorization that the medical professional has examined the student on site, has determined that the student is NOT concussed, and has cleared the student to reenter the contest on the same day. The physician or athletic trainer must complete both the top and bottom portions of this form and submit to both the head contest official (top portion) and a school administrator or the head coach (bottom portion) prior to the student's entry back into the contest. The official shall make a copy of the form, retain one and forward the copy to the DRA

I, _____, M.D., D.O. or A.T. have examined the following student, _____ from _____ parish, who was removed from a _____ (sport) contest at the _____ level (4th-12th) due to exhibition of signs/symptoms/behaviors consistent with a concussion. I have examined this student and determined that, based on current examination, **he/she has not received a concussion** and is cleared to reenter the competition today.

Signature of Medical Professional _____

Date: _____

PRESENT THIS FORM TO THE HEAD CONTEST OFFICIAL WHO WILL COPY AND RETURN TO DRA: ATTENTION JULIUS PALAZZO at 614-276-0323fax or jmpalazzo@juno.com or to MARTY RAINES at 614-241-2563 fax or mraines@cdeducation.org

(Tear at broken line)

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PRESENT THIS FORM TO THE PARISH ATHLETIC DIRECTOR OR HEAD COACH

Note: The parish must retain this form for seven years after the student's 18th birthday.