

Post - concussion Consent Form
(RTP / RLP)

Date _____

Student's Name _____

Grade _____

By signing below, I acknowledge the following:

- 1) I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by the state of Illinois.
- 2) I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois state law
- 3) And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996, of the treating physician's written statement and, if any, the return-to-play and the return-to-learn recommendations of the treating physician.

Student signature _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

For School Use Only

_____ Included with this consent is a written statement from treating physician that indicates, in the professional's judgement; it is safe for the student to return-to-play and return-to-learn.

Cleared for RTP

Cleared for RTL

Date _____

Date _____