

Pius X High School Concussion Parental Consent Form

Name: _____ Date of Injury: _____

MOI: _____ Grade: _____

I, _____ am the parent/guardian of the student listed above. My child was removed from participation due to suspected concussion or head injury. By signing this form, I agree with the following:

- My child has been evaluated by a health care professional designated by the State of Nebraska with experience in managing Concussions.
- We have been informed of the possible risks of concussions, including the risks to my child in continuing to play and practice after sustaining a concussion.
- I understand that my child must complete the Return to Play protocol at acceptable levels before being allowed to resume participation.
- I give my written consent and permission for my child to return to play and practice.
- I give my written consent to remove my child from the school Return to Learn Protocol.

Parent/Guardian Signature: _____ Date: _____

Return to Play Progression (For Athletes and PE students):

1. No Activity until asymptomatic Complete Physical and Cognitive rest
Date completed: _____
2. Light Aerobic exercise. Walking, jogging, cycling, keeping intensity <70%. No resistance training
Date completed: _____
3. Sport specific exercises. Running drills, light cutting, and ball handling. No head impact activities.
Date completed: _____
4. Non-contact training drills. Progression to more complex drills, passing drills, footwork, conditioning. No head impact activities.
Date completed: _____
5. Full practice. Following medical clearance, participate in normal training activities. Help to restore confidence in athlete and coaching staff.
Date completed: _____
6. Game Play
Date completed: _____

- *I have cleared the student listed above to return to play without restrictions.*
- *I have explained the risks of returning to sport to the parents/guardians of the student listed above.*
- *I am a licensed Health Care Provider in the State of Nebraska and am trained in the evaluation and management of concussions.*

MD/ATC Signature: _____ Date: _____