

UIL/FRISCO ISD Concussion Management Protocol and Return to Play Release Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 © of The Texas Education Code).

Name: _				DOB:
Sex:	Male Female Date of Injury:(Circle)			_
	Cleared for Full	Begin	Active Concussion	No Concussion
ш	Unrestricted Activity	Return to Play	(See additional instructions from treating prov	der) (Please Explain)
Physicia	n Signature:			Date:
	Printed Physician Name		Physician Address	Phone
Designa	ted School District Official Verif	es:		
	decisions for the student. The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.			
School I	ndividual Signature/ (Print):			Date:
Parent/	Has been informed of and cor Frisco ISD Concussion Oversig Understands the risks associa Consents to the disclosure to the treating physician's writte	nsents to the student partici ht Team. ted with the student returni appropriate persons, consis on statement under Subdivis	ng to play and will comply with any tent with the Health Insurance Port	t he/she: ance with the return to play protocol established by the congoing requirements in the return to play protocol. ability and Accountability Act of 1996 (Pub. L. No. 104-191), or recommendations of the treating physician.
successf evaluation	ully completed the Frisco ISD Co	ncussion Return to Learn and ons. I understand that upon	d Return to Play protocols and has b my signature and return of this rele	ssion. Furthermore, I certify that the above athlete has een released by a physician with specific training in the ease form to the designated Concussion Oversight official, the
If you ha	ave any questions, please do not	hesitate to call a Frisco ISD /	Athletic Trainer and/or refer to the I	risco ISD Concussion Guidelines and Consent Form.
Parent/l	egal Guardian:	(Printed Name)		
Parent/I	egal Guardian:		Date	:
,	-	(Signature)		