Return to Sports After Head Injury Form

Clearance Form for Athletes Returning to Practice or Game Play Following Head Injury

Athlete Information

Name:	
Date of Birth:	
Sport:	
Coach Name:	
Parent/Guardian Name:	

Injury Details

Date of Injury:	
Type of Injury:	
Describe how the injury occurred:	
Symptoms experienced:	
Was medical attention received?	
Date symptoms resolved:	

Medical Evaluation

- Has the athlete completed a full medical evaluation for head injury?
- Has the athlete been symptom-free at rest?
- Has the athlete completed a graduated return-to-play protocol without symptoms?
- Is the athlete cleared for full participation in practice and games?

Parent/Guardian Consent

By signing below, I acknowledge that I have read and understood the guidelines for return to sports following a head injury, and I consent to my child's participation in practice and games.

Parent/Guardian Signature: _____ Date: _____