

Immediate Return to Activity Release Form

This form is to be used after an athlete is removed from an activity but has been cleared by an appropriate health care professional for immediate return to competition after exhibiting no concussion symptoms. Appropriate health care professional shall be Doctors of Medicine, Doctors of Osteopathy, Physician’s Assistants, Nurse Practitioners, and licensed Chiropractors. This form should be kept on file at the school and need not be forwarded to the SDHSAA Office.

Athlete: _____ School: _____ Grade: _____

Sport: _____ Date & Time of Injury: _____

HEALTH CARE PROFESSIONAL’S ACTION

I have examined the named student-athlete following this episode and determined that they have exhibited no symptoms of a concussion and are cleared for immediate return to competition:

_____ **Permission is granted** for the athlete to return to competition

COMMENT: _____

Health Care Professional _____ Date: _____

Parent/Guardian _____ Date: _____

