



## Athlete Post-Concussion Release Form (Return-to-Learn/Return-to-Play)

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Year in School 5 6 7 8

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-Learn and Return-to-Play" protocols established by Illinois State law and implemented by WCGS;
- 2) I understand the risks associated with my student returning to learn and returning to play, and will comply with any ongoing requirements in these established protocols;
- 3) And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-learn and return-to-play recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

### For School Use only

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Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-learn and return-to-play.

**Cleared for RTL**

**Cleared for RTP**

Date \_\_\_\_\_

Date \_\_\_\_\_