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Concussion: Parent/Guardian Consent for Return to Full Contact Activity

I, the undersigned, am the parent/legal guardian of _____, a student-athlete for _____ School/Organization.

I understand that my student-athlete has met the following requirements to return to full contact activity following their concussion injury.

- Asymptomatic at rest and with normal activities (including school), based on athlete self-report.
- Return to baseline levels with neurocognitive testing, if applicable.
- Normal physical exam (balance testing, coordination, etc.).
- Cleared by MD for Return to Sport (only needed if athlete was seen by MD for injury).
- Completed stages 1-4 of Return to Sport progression under supervision of ATC.
- Signed parent/guardian consent for return to play form.

I understand that my son/daughter has met all of the requirements to return to full contact activity following a concussion injury. I understand that my son/daughter will need to successfully complete a full contact practice before they are able to participate in games. I give permission for my student-athlete to return to full contact activity.

_____ Date _____ Parent or Guardian Name (please print)

_____ Signature of Parent or Guardian

Address: _____

E-Mail: _____ Phone: _____

President: James C. Vailas, MD Executive Director: Laura C. Decoster, ATC

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