

CONCUSSION AND SUDDEN CARDIAC ARREST RETURN TO PLAY FORM

Student: _____ School: _____ Home
Address: _____ Student
Phone Number: _____ (Home) _____ (Cell)

ILLNESS/INJURY INFORMATION

Date of Injury: _____ Location: _____
Sport: _____ Position: _____

CONCUSSION PROTOCOL:

Cleared for:	<u>Date</u>	<u>Initials</u>
1. Stress Test – 20 minute bike Without shortness of breath	_____	_____
2. Sport Specific Conditioning: Goal: HR > 150 10 minute hard ride 5 minutes sprinting and stairs 3 minutes agility ladder 2 x 10 burpees 10 box jumps	_____	_____
3. Non-Contact practice/PE	_____	_____
4. Full Practice/Contact	_____	_____
5. Full Competition	_____	_____

24 hours without symptoms required between each step listed above to move forward in protocol. You cannot skip steps.

Athlete needs to return to _____ for continuing care if symptoms return after clearance!

Certified Athletic Trainer's Signature Date Phone Number

OR

Physician's Signature Date Phone Number