MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION
FOLLOWING A CONCUSSION OR OTHER INJURY

This release is to certify that ____________________________ has been examined
(Student-athlete’s name)
due to exhibiting the signs, symptoms, and behaviors consistent with a concussion/brain injury or other
injury. Following an examination, it is my medical opinion that he/she:

____ Is unable to return to participation in athletics until further notice.

   *Return appointment scheduled on: ____________________.
   (Date)

____ May return to limited participation in athletics on ________________________.
   (Restrictions are noted below)
   (Date)

____ Following return to limited participation this student needs to return for
   re-evaluation before being released for full participation in athletics.

____ May return to full participation in athletics on ________________________.
   (Date)

Restrictions:  ____________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

Health Care Provider’s Name (Type or print) ___________________________ Date ____________

Health Care Provider’s Signature ___________________________ Phone Number __________________________

Parent’s or Guardian’s Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her concussion or
other injury as per the instructions detailed above.

_________________________ __________________________
Parent’s or Guardian’s Signature Date ____________

_________________________ __________________________
Parent’s or Guardian’s Home Phone # Parent’s or Guardian’s Work Phone #

SEE PAGE 2 OF THIS FORM FOR
RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION
(GUIDELINES FOR LICENSED HEALTH CARE PROVIDERS)
RETURN TO PARTICIPATION PROTOCOL FOLLOWING A CONCUSSION
(GUIDELINES FOR LICENSED HEALTH CARE PROVIDERS)

Return to participation following a concussion is a medical decision made on an individual basis by licensed health care providers. Medical experts in concussion believe a concussed student should meet ALL of the following criteria in order to progress to return to participation. However, these criteria are GUIDELINES ONLY and not required by Iowa Code Section 280.13C when licensed health care providers determine a student’s return to participation.

- Asymptomatic at rest, and with exertion (including mental exertion in school), AND have written clearance from physician, physician’s assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer. *Written clearance to return by one of these licensed health care providers is REQUIRED by Iowa Code Section 280.13C!

- Once the criteria above are met, the student should progress back to full activity following the stepwise process detailed below. A licensed health care provider as defined in Iowa Code Section 280.13C, or their designee, should closely supervise this progression.

- Progression to return is individualized and should be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. A student with a history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly as determined by a licensed health care provider as defined in Iowa Code Section 280.13C, or their designee.

  Step 1. Complete physical and cognitive rest. No exertional activity until asymptomatic. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

  Step 2. Return to school full-time /normal cognitive daily activities, or normal cognitive functions.

  Step 3. Low impact, light aerobic exercise. This step should not begin until the student is no longer having concussion symptoms and is cleared by the treating licensed health care provider. At this point the student may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.

  Step 4. Basic exercise, such as running in the gym or on the field. No helmet or other equipment.

  Step 5. Non-contact, sport-specific training drills (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight-training can begin.

  Step 6. Following medical clearance*, full contact practice or training.

  Step 7. Normal competition in a contest.

**NOTE:** Generally, each step should take a minimum of 24 hours. If post concussion symptoms occur at ANY step, the student must stop the activity and their licensed health care provider as defined in Iowa Code Section 280.13C should be contacted. If any post-concussion symptoms occur during this process, the student should drop back to the previous asymptomatic level and begin the progression again after an additional 24-hour period of rest has taken place.


Updated 05/22/12