

Commerce ISD Concussion Management Protocol and Return to Play Release Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 © of The Texas Education Code).

Name: _____ School: _____ Date: _____
Sex: Male Female Age: _____ DOB: _____ Date of Injury: _____
(Circle)
Sport: _____ Position: _____ Grade: _____
Complaint: _____ New Injury Re-Injury Follow-up
(Circle)
Diagnosis: _____

Patient is allowed to begin the Stepwise Return-to-Play Progression program of the Commerce ISD concussion protocol. He or she may return to sports after successfully completing the protocol requirements.

Physician Signature: _____ Date: _____

Printed Physician Name Physician Address Phone

Designated School District Official Verifies:

- The student has been evaluated and by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the Commerce ISD Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

Athlete Trainer Signature/ (Print): _____ / _____ Date: _____

Parent/Guardian with legal authority to make medical decisions for the student certifies by signing this form he/she

has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Commerce ISD Concussion Oversight Team. Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol. Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician. Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Furthermore, I understand the dangers related of returning to soon after a sport-related concussion. I certify that the above athlete has successfully completed the Commerce ISD Concussion return to play protocol and has been released by a licensed Physician to return to play. I understand that upon my signature and return of this release form to the Commerce ISD athletic trainer the above athlete will be allowed to return to full participation in practice and competition.

If you have any questions please do not hesitate to call the Commerce ISD Athletic Trainer.

Parent/Legal Guardian: _____
(Printed Name)

Parent/Legal Guardian: _____ Date: _____
(Signature)