

Dear Physician:

\_\_\_\_\_ sustained a concussion on \_\_\_\_\_.  
Joliet West manages concussions using a stepwise return-to-learn protocol followed by a return-to-play protocol in compliance with CDC guidelines, state law requirements and NATA best practices (see below for more information). At this point, the student-athlete has completed the return-to-learn protocol, is asymptomatic and may have begun the first four stages of the return-to-play protocol. He/she is being referred to you for clearance to **return to full participation once they have successfully completed the return-to-play protocol** (detailed below) directly under my supervision as the Certified Athletic Trainer at Joliet West.

*Per Illinois State Practice Acts, this must be signed by an MD, PA-C, or Nurse Practitioner only.*

Thank you for your assistance, and if you have any questions, please feel free to contact me directly by cell: 815-905-1220 or by email: [awais.arain@atipt.com](mailto:awais.arain@atipt.com)

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*Awais Arain ATC*

**Return-to-Learn Protocol** *(may start at phase 1,2 or 3, depending on presentation)*

- Phase 1: Complete physical and cognitive rest. No school attendance
- Phase 2: Return to school with academic accommodations
- Phase 3: Full day school attendance with decreasing academic accommodations
- Phase 4: Full return to academic participation with no symptoms

**Return-to-Play Protocol** *(must complete each stage separated by 24hr period)*

- Stage 1: 24hr symptom free, no athletic activity
- Stage 2: Light aerobic activity up to 30min (jogging, stationary bike)
- Stage 3: Moderate-intensity (70-85% max HR) aerobic activity
- Stage 4: Non-Contact sports-specific drills, lifting may resume
- Stage 5: Full-Contact practice, no competition
- Stage 6: Clearance to full athletic participation and competition

- If post-concussive symptoms occur at any point during graduated return, there will be a minimum 24hr rest period. Once asymptomatic the athlete will return to previous asymptomatic level and the progression will resume.
- Student-Athletes must successfully pass ImpACT neurocognitive testing at their baseline level before progressing past stage 4
- M.D. clearance is required prior to beginning Stage 5

**JOLIET WEST HIGH SCHOOL  
RETURN TO FULL ATHLETIC PARTICIPATION CONSENT FORM**

*For signature by parent/guardian, student, Certified Athletic Trainer and School Administrator before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to return to full participation in interscholastic athletic practice and competition pursuant to Return-To-Play Step 5.*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Date Student:**

- **Initially Sustained Injury:** \_\_\_\_\_
- **Returned to Regular School Activities:** \_\_\_\_\_
- **Achieved Return-To-Play Baseline:** \_\_\_\_\_
- **Achieved Return-To-Play Step 1:** \_\_\_\_\_
- **Achieved Return-To-Play Step 2:** \_\_\_\_\_
- **Achieved Return-To-Play Step 3:** \_\_\_\_\_
- **Achieved Return-To-Play Step 4:** \_\_\_\_\_
- **Achieved Return-To-Play Step 5:** \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_ (student). I hereby consent to my student returning to full athletic participation. By consenting I hereby certify that:

1. On \_\_\_\_\_, I consented to my student participating in returning to learn and returning to play in accordance with the school's Return-To-Learn and Return-To-Play protocols as established by Illinois State Law.
2. As noted above, my student progressed through all steps of the schools Return-To-Learn and Return-To-Play protocol, and all symptoms are absent.
3. I understand that there are still risks with sports and that no injury, including this one, is without reoccurrence risks. That being said, I believe it is safe for my student to return to full participation in interscholastic athletic practice and competition and consent to the same.
4. Both my student and I understand the if concussive signs/symptoms return, we must immediately notify the Athletic Trainer. In addition, we shall comply with any ongoing requirements in the school's Return-To-Play protocol.
5. I consent to the disclosure to appropriate persons of the treating physician's and/or Athletic Trainer's written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition.

\_\_\_\_\_  
**Student Name Printed**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name Printed**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Athletic Trainer's Name Printed**

\_\_\_\_\_  
**Athletic Trainer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Administrator Name Printed**

\_\_\_\_\_  
**School Administrator Signature**

\_\_\_\_\_  
**Date**

**JOLIET WEST HIGH SCHOOL  
RETURN-TO-LEARN AND RETURN-TO-PLAY CONSENT FORM**

*For signature by parent/guardian before a student removed from interscholastic athletic practice and competition due to a concussion is allowed to begin the school's Return-To-Learn and Return-To-Play protocols.*

*I am the parent/guardian of \_\_\_\_\_ (student). I hereby consent to my student returning to play and returning to learn. By so consenting, I hereby certify that:*

1. I have been informed concerning and consent to my student participating in and returning to learn and returning to play in accordance with the schools Return-To Learn and Return-To-Play protocols as established by Illinois State Law;
2. I understand the risks associated with my student returning to learn and returning to play and will comply with any ongoing requirements in the Return-To-Learn and Return-To-Play protocols as established by Illinois State Law;
3. I consent to the disclosure to appropriate persons of the treating physician's an athletic trainer's written statement indicating it is safe for my student to begin Return-To-Learn and Return-To-Play protocols consistent with Federal HIPAA Standards.

\_\_\_\_\_  
**Parent/Guardian Name Printed**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**