TO PHYSICIAN: The Youth Sports Concussion Safety Act (Public Act 099-0245, eff. 8/3/15), states any student that had been removed from physical activity if believed to have suffered a concussion, is not allowed to participate again until he/she completes Return-to-Learn and Return-to-Play protocols in their entirety. Furthermore, the treating Physician or Certified Athletic Trainer working under the supervision of a Physician will need to provide written documentation that, in the Physician’s professional judgment, the student may safely return to academics and physical activity.

___________________________ was seen in our office on ________________ for the evaluation and treatment of concussion.

At this time, I recommend the following:

____ Can progress with the school’s Return-to-Learn and Return-to-Play protocols under the direction of the school’s Certified Athletic Trainer and/or School Nurse. **Student may return to full academic responsibilities and physical activity upon completion of the protocols, with no further need for re-evaluation in our office unless not progressing as expected.** The athletic trainer and /or nurse may return student athlete to sports (including contact sports if applicable) and/or PE upon completion of the return-to-learn and return-to-play protocols.

____ Can progress with the school’s Return-to-Learn protocol under the direction of the school’s Certified Athletic Trainer and/or School Nurse, but **must be reevaluated before beginning the school's Return-to-Play protocol.**

____ No school until symptoms begin to resolve (usually 1-3 days), then can progress with the school’s Return-to-Learn and Return-to-Play protocols under the direction of the school’s Certified Athletic Trainer and/or School Nurse.

____ Athletic trainer and /or nurse **may return student athlete to sports (including contact sports if applicable) and/or PE upon completion of the return-to-learn and return-to-play protocols.**

____ Student **must be re-evaluated by this office before returning to contact sports and or PE.**

Other:_______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please contact our office if there are any further questions/concerns.

______________________________________________________
Physician’s Signature

______________________________________________________
Physician’s Name

______________________________________________________
Physician’s Office Phone Number

For questions regarding this form or referenced protocols, please contact the Glenbrook North High School Certified Athletic Trainers at (847) 509-2600.