

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

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

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:** _____

- **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. 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