



**Return To Learn and Return to Play Clearance Form**

Student name \_\_\_\_\_

1. Return to Learn

Date of exam: \_\_\_\_\_

Return to Learn at step \_\_\_\_\_

Follow up exam date \_\_\_\_\_

Provider Signature and date \_\_\_\_\_

2. Return to Play \*

Date of exam: \_\_\_\_\_

I have examined the above named student and he/she is cleared to return to sports and PE class.

Provider Signature and Date \_\_\_\_\_

\*Student needs to be cleared for return to learn prior to return to play.

Return To Learn Protocol:

<http://www.biavt.org/images/RTLProtocol.pdf>

I give permission for the school nurse and my provider to discuss my child's treatment plan. \_\_\_\_\_