Reviewed on: April 24, 2023

STUDENTS 3505F2

AUTHORIZATION TO RETURN TO PLAY OR PARTICIPATE IN STUDENT SPORTS

I hereby state that I am a:			
Physician licensed pursuan	t to chapter 18, titl	e 54, Idaho Coo	de.
Physician's assistant licens	ed pursuant to cha	pter 18, title 54,	, Idaho Code.
Advanced practice nurse lie	censed under section	on 54-1409, Ida	ho Code.
A licensed health care prof concussions who is supervised by Code. My directing physician is, and address is	y a directing physi	cian licensed ur	nder chapter 18, title 54, Idaho, and his/her license number is
I further state that I have met wit "student athlete") to evaluate the student athlete the potential ramic concussion or exhibiting concuss return to play and/or participate of danger or injury, and I therefor in school athletic leagues or sport	student athlete for fications of continuation like symptoms in school athletic lare authorize studen	r a concussion. I uing to play spo s. I am satisfied eagues or sports	I have discussed with the orts after having received a that the student athlete can swithout significant likelihood
Signature	Date		License No.
Address			
Signature of Directing Physician (if signed by a Licensed Health Care Professional)	l.	Date	
Policy History: Adopted on: July 9, 2012 Revised on:			