Healthcare Provider Release Form: Return to Play Protocol (RTP)				
Student:	Sport:			
Date of Birth:	School:			
Date of Injury:	Description:			
to play until the student has been evaluated and currently trained in the evaluation and managem 1. A health care provider licensed in 2. A person acting at the direction an As interpreted by ASAA, Athletic Trainer means a As interpreted by ASAA, "Trained" means that the 1. Has completed the online CDC Cor 2. Has a) completed 2 hours of CME i Medicine Fellowship, a Certificate				
provider in accordance with the - And is determined to have <u>susta</u> accordance with the Alaska Sch with a concussion must success Students should begin with a period of comp the athlete feels able, he/she can begin trials cognitive work should be in short increments not recur or worsen. When several hours of appropriate. When a full day of school is tole student athletes attending school when they	ussion , the athlete's return to play should be determined by the athlete's medical e provider's assessment of the athlete's condition and readiness to participate. ained a concussion , the athlete's readiness to return to participation should be assessed in nool Activities Association's graduated Return to Play (RTP) program. All student athletes stully complete the RTP program described below before resuming full athletic activity. olete rest in which they avoid cognitive and physical exertion. As symptoms diminish, and s of cognitive work, e.g. reading, texting, computer, TV, school. The introduction of s which increase progressively in length and intensity so long as concussion symptoms do cognitive work are well tolerated at home, then attendance at a half day of school is erated, then homework is added. Academic accommodations may be necessary for v still have concussion symptoms. If cognitive work at any time provokes or exacerbates nued, additional cognitive work should be minimized until symptoms regress, and the			
begin. The Return to Play Protocol is to take p progression through the steps in the program are young age (18 or less), history of previou and the concussion risk of the sports to whic concussive symptoms will delay recovery and	een entirely absent for 24 hours, does Day 1 of the progressive return to physical activity place over a minimum of six days, with at least 24 hours between each step. The rate of m is individualized by the supervising healthcare provider. Factors which may slow the rate is concussion, number/severity/duration of concussion symptoms, medical risk factors, th the athlete will return. Physical or cognitive activity that provokes recurrence of d increase risk of future concussion. Therefore, if symptoms recur at any step, then fter resolution of the symptoms, and then resume at the previous step.			
	Schools require that a medical release to return to sports participation following a assessment or evaluation. A physical examination, alone, is not sufficient.			
Athlete and Parent/Guardian Col	nsent			
as safely as possible. Participation in athletics sustained a concussion, an athlete is at more form, the athlete and the parent/guardian in guarantee of safe return to athletic participa	hally recognized process by which concussed athletes are returned to athletic participation s is accompanied by the risk of injury, permanent disability, and death. Having recently e risk for another head injury with risk of permanent disability or death. By signing this adicate their understanding that the completion of the Return to Play Protocol is not a tion. The parent/guardian accepts the risk of additional injury in requesting and participation. Please notify your child's Activities Director or School Nurse if provider			

Student Athlete's Printed Name

can be made.

Date

recommends removal from school during the concussion recovery time so that teachers can be notified and school accommodations

Parent/Guardian's Printed Name

Date

Healthcare Provider Release Form: Return to Play Protocol (RTP)					
Directions: Please complete Section 1 or Sections 2/3 as needed. Student:					
Section 1: The Non-Concussed Athlete- To be completed by Healthcare Provider					
Student has NOT sustained a concussion. Please note the Medical Diagnosis which explains his/her symptoms. This is REQUIRED if checking this box:					
Student is cleared to return to full sports participation. Medical Dx:					
	Student is cleared for limited participation with the following restrictions:				
ן * 	NOTE: If student is found to be free of a concussion, a post-injury neurocognitive ass	essment is not r	equired.		
Healthca	re Provider's Signature HCP Printed Name Alaska License	Number	Date		
Section 2: The Concussed Athlete- To be completed by Healthcare Provider					
Student has sustained a concussion and is not yet ready to begin the Return to Play Protocol					
St	udent is cleared to begin the Return to Play Protocol with any modifications noted	below Initials	(Date)		
This clearance is no longer effective if student's symptoms return and persist.					
Student is entirely free of concussion symptoms and has completed the ASAA Return to Play Protocol described above. The athlete is medically eligible to return to competition.					
*Please note any additional restrictions to the Return to Play Protocol below:					
Healthcare Provider's Signature HCP Printed Name Alaska License Number Date					
Sympto	Omatic Stage: Physical and Cognitive Rest; then, incremental cognitive work, without	Date	Supervisor's		
	provoking symptoms.		Initials		
Step 1 Begins when symptoms- free for 24 hours 15 minutes of light aerobic: walk, swim, stationary bike, NO resistance training 15					
Step 2	30 minutes light-moderate: jog, more intense walk, swim, stationary bike, NO resistance training; START PE class at previous day's activity level; As RTP Protocol activity level increases, PE activity level remains 1 day behind				
Step 3	30 minutes moderate-heavy aerobic activity: run, swim, cycle, skate, Nordic ski, No resistance training				
Step 4	30 minutes heavy aerobic activity: hard run, swim, cycle, skate, Nordic ski 15 minutes resistance training: push-ups, sit-ups, weight-lifting				
Step 5	Return to practice, non-contact LIMITED participation; routine sport-specific drills				
Step 6	Return to FULL CONTACT practice				
Step 7	Medically eligible for competition after completing RTP Protocol and is cleared by Healthcare Professional; Eligibility criteria must be met before return to competition				
Section 3: Healthcare Provider Attestation- To be completed by Healthcare Provider					

By signing this form, I attest that I am a **Qualified healthcare provider as authorized under AS14.30.142** and that I meet the ASAA definition of "Currently Trained" in the evaluation and management of concussion, as explained above. I do hereby take responsibility for the daily monitoring and decision making in managing this student athlete's concussion. I also knowledge receipt of this student's ImPACT data (if applicable) provided by Mat-Su School District to aid in my decision-making.

Healthcare Provider's Signature