

**FLANDREAU PUBLIC SCHOOLS  
RETURN TO COMPETITION**

This form is to be used after an athlete is removed from and not returned to competition after exhibiting concussion symptoms. The athlete should not be returned to play until written authorization is obtained from an appropriate health care professional and the parent/guardians. Appropriate health care professional shall be determined by each SDHSAA member school. This form should be kept on file at the school and need not be forwarded to the SDHSAA Office.

Athlete: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**REASON FOR ATHLETE'S INCAPACITY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Guidelines for Returning to an Activity after a Concussion**

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Do not use "smelling salts".
4. **When in doubt, sit them out.**

**HEALTH CARE PROFESSIONAL'S ACTION – Medical Doctor Only**

I have examined the named student-athlete following this episode and determined the following:

\_\_\_\_\_ **Permission is granted** for the athlete to return to competition

\_\_\_\_\_ **Permission is not granted** for the athlete to return to competition

COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Care Professional

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
School Administrator

Date: \_\_\_\_\_