

Glenbrook High School District 225

Post-Concussion Return to Play Consent

At this time your son/daughter has completed the non-contact portion of the Return-to-Play protocol without the return of any reported concussion symptoms. The Athletic Trainer and physician have approved progression to the contact portion of the protocol. In order to complete the progression we require your consent.

Date: _____

Student Name: _____

Student Sport: _____

By signing below, I acknowledge that I understand the risks associated with my returning to play, and will comply with any ongoing requirements in the Return-to-Play and Return-to-Learn protocols established by Illinois State Law. I understand that I will not be allowed to participate fully in Physical Education class or sport, until I have successfully completed the Return-to-Play protocol in its entirety. Please initial the following:

I am

- _____ Free of concussion related symptoms
- _____ Attending and completing all school work without issue
- _____ Agreeing to report any return of symptoms as soon as they occur

Student Signature: _____

By signing below, I acknowledge that I understand the risks associated with my son/daughter returning to play, and will comply with any ongoing requirements in the Return-to-Play and Return-to-Learn protocols established by Illinois State Law. I give my consent for my son/daughter to complete the full-contact portion of the Return-to-Play protocol. Upon completion of the Return-to-Play protocol, I give my consent for my son/daughter to return to Physical Education class and full sport participation, including competition.

If you have any concerns over possible symptoms at home, please contact us.

gbnathletictrainers@glenbrook225.org

Parent/Guardian Name: _____

Parent/Guardian Signature: _____