WESTLAKE ACADEMY
IB Continuum World School
2600 JT Ottinger Road, Westlake TX - WestlakeAcademy.org - Tel: 817-490-5757

Concussion Referral Form

Patient Name:_____ Date:_____
ID#_____ Sport:_____Grade_____

Parent Release of information:

I _____ give _____permission to release medical information related to the above named patient to become a confidential permanent record in his/her medical file at his/her high school.

Per HB 2038 WA student-athletes must be cleared by a physician after a suspected concussion and before beginning the WA Return to Play Protocol. The athlete MUST complete the Return to Play Protocol(RTPP). The WA RTPP is as follows:

- Release from treating physician.
- Day one -Asymptomatic for 24 continuous hours AND a return to baseline normal range.
- Day two -Light aerobic exercise (e.g., stationary bike for 10-15 minutes).
- Day three-Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.
- Day four-Non-contact training drills. Practice with no contact (e.g., no pads in football).
- Day five -Full contact practice.
- Day Six- Return to full play.

Referred by: _____
Athletic Trainer School Contact Info

To be completed by health care provider.
Diagnosis/Impression:_____

- ☐ Return to play upon completion of return to play protocol
- ☐ Other_____

Physician's signature:_____ Date:_____
Phone number: _____

ORIGINAL-PHYSICIAN **COPY-ATHLETIC TRAINER/PARENT**