



**Post Concussion Consent Form**  
**Return-To-Play/Return-To-Learn**

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

**Student's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

By signing below, I acknowledge the following:

1. I have been informed and consent to my student participating in returning to play in accordance with the Return-To-Play and Return-To-Learn established by Northbrook School District 27.
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the Return-To-Play and Return-To-Learn protocols established by Northbrook School District 27.
3. I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and if any, the return-to-play and return-to-learn recommendations of the treating physician or athletic trainer, as the case may be.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**For School Use Only:**

Written statement is included with this consent from a treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgment, it is safe for the student to Return-To-Play and Return-To-Learn.

**Cleared for RTP Date:** \_\_\_\_\_ **Nurse's Initials:** \_\_\_\_\_

**Cleared for RTL Date:** \_\_\_\_\_ **Nurse's Initials:** \_\_\_\_\_

**Nurse's Signature:** \_\_\_\_\_

**Reviewed by Building Administrator:** \_\_\_\_\_