West Bonner County School District No. 83

STUDENTS **3505F2**

AUTHORIZATION TO RETURN TO PLAY OR PARTICIPATE IN STUDENT SPORTS

I hereby state that I am a:

____ Physician licensed pursuant to chapter 18, title 54, Idaho Code.

____ Physician's assistant licensed pursuant to chapter 18, title 54, Idaho Code.

____ Advanced practice nurse licensed under section 54-1409, Idaho Code.

____ A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician licensed under chapter 18, title 54, Idaho Code. My directing physician is _____, and his/her license number is _____, and address is _____.

I further state that I have met with _____ (hereinafter referred to as "student athlete") to evaluate the student athlete for a concussion. I have discussed with the student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion like symptoms. I am satisfied that the student athlete can return to play and/or participate in school athletic leagues or sports without significant likelihood of danger or injury, and I therefore authorize student athlete to return to play and/or participation in school athletic leagues or sports.

_____ _____ _____

Signature Date License No.

_____

Address

_____ _____

Signature of Directing Physician (if signed by a Licensed Health Care Professional) Date

Policy History:
Adopted on: July 11, 2012
Revised on: