Victory Charter School

Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who **IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625).** This form must be signed by the above referenced medical professional and returned to Athletic Director : Mandy Frank (mfrank@victorycharterschool.net), in order for the athlete to return to participation**.**

Athlete Name: _____ **DOB:** _____/_____/_____

Injury Date: _____/_____/_____ **Sport:** _____ **Level (Varsity, JV, Club, etc.)**_____

Sideline evaluation completed: Yes ☐ No☐ **Evaluation completed by:** _____

In accordance with the Centers for Disease Control and Prevention (CDC), the Return-to-Sport Strategy begins with Return-to-Learn (successfully tolerating school- resumption of full cognitive workload) and there is a six-step process gradually returning the athlete to normal activities. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.

Return-to-Sport Strategy

1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).
2	Aerobic exercise **2a.** Light (up to approx. 55% max HR) **then** **2b.** Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). **No activities at risk of head impact.**
Following authorization by your physician, Steps 4–6 should begin after the resolution of any signs and symptoms related to the current concussion, including during and after physical exertion. Athletes experiencing concussion-related signs/symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.		
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training), can integrate into a team environment.
5	Full contact practice	Following medical clearance, participate in normal training activities.
If symptoms re-emerge with this level of exertion, then return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. **If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage with MEDICAL CLEARANCE.**		
6	Return to sport	Normal game play.

**Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.*

I (treating MD/DO/PA/Advanced Practice Nurse) certify that the aforementioned athlete is cleared to begin the above Return to Sport Strategy and is cleared for full contact drills and training, and, **IF ASYMPTOMATIC**, may return to competition on: _____

Name: _____**Signature:** _____

Phone: _____ **Fax:** _____**Today's Date**: _____

I (parent/guardian) attest that my child has successfully completed the full Return to Sport Strategy as outlined above and has been cleared to return to participation by a medical professional **trained in concussion management**. I understand that sports are inherently dangerous and realize that concussions are an injury that can occur. I also understand that this process/protocol is in place to protect my child, that any deviation from this process/protocol is under my volition, and I take full responsibility for any and all consequences of that decision.

Parent/Guardian name: _____**Athlete name:** _____

Parent/Guardian Signature: _____**Athlete Signature:** _____

Phone: _____**Today's Date:** _____

Updated: July 2026