

Policy No.: 508.14 E1
Adopted: 05-11-2016
Revised:

CLEARANCE AND PERMISSION TO RESUME PARTICIPATION

_____ was evaluated on _____, passed the concussion test
Student Date
on _____, and cleared to resume participation in athletic activities on _____
Date Date

Licensed Health Care Professional

After receiving clearance from a licensed health care professional, _____ has
Student
my permission to resume participation in athletic activities.

Parent/Guardian Signature

Date