Exhibit – Return-to-Play Consent Form

Student Information

Student's Name:_____
First *Middle* *Last*

Date of Birth:_____ Grade:_____

Student and Parent/Guardian Certification
(Must be signed before graduated return-to-play may begin)

We, the Student and Parent/Guardian of the Student listed above, certify that:

(1) We have been informed concerning and consent to the Student participating in the return-to-learn and return-to-play protocols *(Administrative Procedure 7.305-AP2)*;
(2) We understand the risks associated with the Student returning to learn and returning to play and will comply with any ongoing requirements in the return-to-learn and return-to-play protocols;
(3) We consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of this Return-to-Play Consent Form and, if any, the return-to-play recommendations of the treating physician or athletic trainer, as the case may be; and
(4) The Student has successfully completed each requirement of the return-to-learn and return-to-play protocols necessary for the student to return to graduated return-to-play; and
(5) We consent to the Student returning to graduated play in interscholastic athletic activities in accordance with the return-to-play protocol.

Student *Signature*:_____ *Date*:_____

Parent/Guardian *Signature*:_____ *Date*:_____

Medical Professional Certification

By signing below, I certify that:

(1) I am the Student's treating physician/athletic trainer working under the supervision of a physician;
(2) I have evaluated the Student using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines; and
(3) In my professional judgment it is safe for the Student to return to graduated play in interscholastic activities as indicated the District's return-to-play protocol.

Physician/Athletic Trainer Name (*please print*):_____

Signature:_____ *Date*:_____

Contact information:_____

Scheduled Date for Follow-Up Appointment:_____