

This form is **REQUIRED** to be returned to the athletic training room by parent/guardian before the athlete can begin return to play activity progression! No other form will be accepted!

Papillion LaVista Public Schools Concussion Release Form

Papillion LaVista South Fax #: (402)827-1330

Papillion LaVista Fax #: (402)898-0415

Athlete's name: _____ **DOB:** _____ **Date of Injury:** _____

Sport: _____ **Diagnosis:** _____

As the parent/guardian of the above athlete, I understand that my child is not permitted to return to any type of physical activity (including return to play activity progression), practice, and/or game until he/she has been evaluated by a licensed health care professional who is trained in the evaluation of concussions and received written and signed clearance to resume athletic participation from a licensed health care professional who is trained in the evaluation of concussions and written and signed clearance from the parent/legal guardian of the athlete.

Parent/Guardian Report

As the parent/Guardian of the listed athlete, I understand that my signature on this form indicates that I understand the Papillion LaVista Public Schools Concussion Policy and that I give the Certified Athletic Trainer(s) permission to release ImPACT testing results to the licensed health care professional treating the listed athlete and to begin the Return to Play Activity Progression Protocol when the listed athlete is asymptomatic and cleared by a licensed health care professional to begin Return to Play Activity Progression Protocol.

Parent/Guardian Name: _____ **Phone #** _____

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

Return to Play Activity Progression Protocol

Stage	Functional Exercise	Objective	Date Completed/ATC Initial
1	<i>Activity Example:</i> Walking at 2.5 MPH OR Riding a stationary bike for 25 minutes	Reach 30-40% maximum heart rate	Date _____ Initials _____
2	<i>Activity Example:</i> Jogging for 25 minutes, Sit-ups x 25, Push-ups x 25, Lunge Walks x 25	Reach 40-60% maximum heart rate	Date _____ Initials _____
3	<i>Activity Example:</i> Running for 25 minutes Sit-ups x 50, push-ups x 30, lunge walks x 30 Individual practice drills for 15 minutes	Reach 60-80% maximum heart rate	Date _____ Initials _____
4	Participate in all NON-CONTACT practice drills (not touching another person) . Can include warm-ups and practice drills as long as there is no contact. Total practice time of 45-60 minutes.	Reach 80% maximum heart rate	Date _____ Initials _____
5	Participate in full-contact practice. Wear equipment as usual.	Reach full exertion	Date _____ Initials _____
6	Resume full participation in competition	Reach and maintain full exertion.	Date _____ Initials _____

Certified Athletic Trainer Report

___Athlete reports asymptomatic. **Athlete Signature:** _____ **Date:** _____

Certified Athletic Trainer Signature: _____ **Date:** _____

___Athlete shows no neurocognitive impairments per ImPact test: **Date:** _____

___Athlete may begin Return to Play Activity Progression Protocol as of: **Date:** _____

___Athlete is asymptomatic, shows no neurocognitive impairments per ImPact test, has completed Return to Play Activity Progression Protocol and may return to full activity participation

Certified Athletic Trainer Signature: _____ **Date:** _____