

RETURN TO SCHOOL/ACADEMICS CLEARANCE

Name: _____ DOB: _____
School: _____ Date: _____
District: _____
School Nurse: _____ Fax: _____
Guidance Counselor/Academic contact: _____
Athletic Trainer: _____

This student has RECOVERED from a concussion and has been discharged from our care. Please excuse him/her from school today due to a medical appointment. Please note the following 'RETURN TO ACADEMICS':

- Full school day
- May participate in after-school activities and field trips
- Full academic workload and test taking per pre-injury status
- May return to full PE/gym activities
- Cleared for contact sports/games
- Modified PE/gym activities (high risk of recurrence)

Comments:

Medical Provider Signature

Printed Medical Provider Name