

**RETURN TO PLAY ACKNOWLEDGEMENT FORM**

I acknowledge that I have been informed by \_\_\_\_\_ (name, title) of the return to play restrictions following a concussion or injury of the student athlete named below. I agree to comply with these restrictions while this student athlete is participating in practice, training, or competition.

\_\_\_\_\_  
Coach's signature

\_\_\_\_\_  
Coach's name

\_\_\_\_\_  
Date

Athlete's name \_\_\_\_\_  
(please print)

Sport \_\_\_\_\_

Instructions: Attach to healthcare provider's return-to-play authorization and file in student's educational record.