



## Concussion Gradual Return-to-Play (RTP) Protocol FAQ

### Who must go through the RTP Protocol?

All student-athletes diagnosed with a concussion are required to complete a Return-to-Play Protocol that proceeds in a step-by-step fashion with gradual, progressive stages.

### Can a student-athlete engage in physical activity/exercise prior to starting Stage 1?

A qualified yes; keeping in mind that the physical activity/exercise should involve **NO** risk of head trauma and should occur only under direct orders of the treating Licensed Health Care Provider (LHCP) who has evaluated the student-athlete. This light exertion can be started before a student-athlete is entirely asymptomatic. There is evidence that "sub-symptom threshold exercise" (i.e. light exertion that does not cause new or worsen existing symptoms) is safe and may be helpful in concussion recovery.

### How will I know if the student-athlete is symptom free and ready to begin the RTP Protocol?

Once a student-athlete is completely free of both documented clinical signs and symptoms at rest and classroom induced signs and symptoms (caused by cognitive stimulation such as reading, computer work, and schoolwork) a gradual Return-to-Play (RTP) progression can be started.

### Who can monitor the RTP Protocol?

LHCPs which includes the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist who has examined the student-athlete can monitor the student-athlete. If one of these LHCPs is not accessible, the school's first responder may monitor the RTP.

### How long is a stage?

The length of time for each stage is at least 24 hours.

### What activities are included in the RTP Protocol stages?

The RTP Protocol begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary bicycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition.

### How does the student-athlete know if he/she is ready to advance to the next stage?

After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity.

### What should the student-athlete do if signs and/or symptoms return?

If signs/symptoms occur with exercise, the student-athlete should stop and rest. Once free of signs/symptoms for 24 hours, the student-athlete returns to the previously completed stage of the protocol that was completed without recurrence of signs/symptoms and progresses forward in the protocol. During this process, it is important that student-athletes pay careful attention to note any return of concussion signs/symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and/or in the minutes to hours after each stage. In the event that signs/symptoms are experienced, they should be reported to the individual monitoring the student-athlete's RTP Protocol.

### What should be done if the student-athlete is unable to complete a stage successfully after two attempts?

If a student-athlete is unable to complete a stage twice without return of signs/symptoms, consultation with the treating LHCP who has examined the student-athlete is advised. A student-athlete should be progressed to the next stage only if he/she does NOT experience any signs/symptoms with the prior stage.

### How long should the completed RTP Protocol form be kept on file?

The completed RTP Protocol form should remain on file at least until the student-athlete graduates from high school.



## Gfeller-Waller/NCHSAA Concussion Management Principles

### Health and Safety Personnel

The NCHSAA **STRONGLY RECOMMENDS** that each individual listed below has both expertise and training in concussion management and that LATs, PAs, and NPs consult with their supervising physician before signing the Return To Play Form, as per their respective state statutes.

**Licensed Physician\*\***- An individual who has training in concussion management licensed to practice medicine (MD or DO) under Article 1 of Chapter 90 of the General Statutes.

**Licensed Athletic Trainer (LAT)\*\*** - An individual who has is licensed under Article 34 of Chapter 90 of the General Statutes entitling them to perform the functions and duties of an athletic trainer.

**Licensed Physician Assistant (PA)\*\*** – An individual who has is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as an assistant to a physician.

**Licensed Nurse Practitioner (NP)\*\*** - Any nurse who has is licensed under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions.

**Licensed Neuropsychologist\*\***– An individual who has training in concussion management licensed under Article 18A of Chapter 90 of the General Statutes.

**First Responder (FR)** – An individual who has meets the requirements set forth by the North Carolina State Board of Education Policy ATHL-000.

**\*\* Licensed Health Care Provider as defined by the Gfeller-Waller Concussion Awareness Act.**

### Key Tenets of Concussion Management

1. No athlete with a suspected concussion is allowed return to practice or play the same day that his or her head injury occurred.
2. It is not feasible for a Licensed Health Care Provider (LHCP) to both diagnose an acute concussion and provide clearance on the same day.
3. Athletes should never return to play or practice if they still have **ANY symptoms**.
4. More than one evaluation is typically necessary for medical clearance for concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically should not make clearance decisions at the time of first visit.
5. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time.
6. Both academic and cognitive considerations should be addressed when managing a student-athlete with a concussion. The NC Dept. of Public Instruction now requires a "Return to Learn" plan for students with suspected head injury. Also, consider guidance on proper sleep hygiene, nutrition, and hydration.
7. The NCHSAA **STRONGLY RECOMMENDS** that all member school student-athletes have a Licensed Physician's (MD/DO) signature on the Return to Play Form and/or the Licensed Health Care Provider Concussion Evaluation Recommendations Form. Remember that the Licensed Physician (MD/DO) signing the RETURN TO PLAY FORM and/or the Licensed Health Care Provider Concussion Evaluation Medical Recommendation Form is required to be licensed under Article 1 of Chapter 90 of the General Statutes and have had training in concussion management.
8. The student-athlete must be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion before being cleared to resume full participation in athletics (The NCHSAA Concussion Return to Play Protocol has been designed with this in mind).
9. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion Return to Play Protocol, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to full participation in athletics.



## Licensed Athletic Trainer Quick Guide for Management of a Concussed Student-Athlete

Concussion Injury History is filled out on behalf of student-athlete (S-A).

S-A is referred to the Licensed Health Care Provider (LHCP) for evaluation.

LHCP Concussion Evaluation Recommendations and LHCP Concussion Return to Learn Recommendations completed by LHCP.

Licensed Athletic Trainer (LAT) is selected by the LHCP to monitor the S-A's Return to Play Protocol.

### RETURN TO PLAY (RTP) PROTOCOL

The RTP Protocol is monitored by the LAT through stage 5 with no office contact necessary unless required by examining LHCP. Office contact, if required, may be made electronically, by phone, or in person to review the S-A's progress. The LAT notifies the examining LHCP that the S-A remained asymptomatic after stage 5 is completed, if required to do so.

If signs or symptoms occur after stage 5 the S-A **MUST** return to the LHCP overseeing the S-A's care.

### RETURN TO PLAY FORM

The Return to Play (RTP) Form **MUST** be signed before the S-A is allowed to resume full participation in athletics. The RTP Form may be signed by either the examining LHCP or the LAT if selected to do so by the LHCP that signed the S-A's LHCP Concussion Evaluation Recommendations Form.

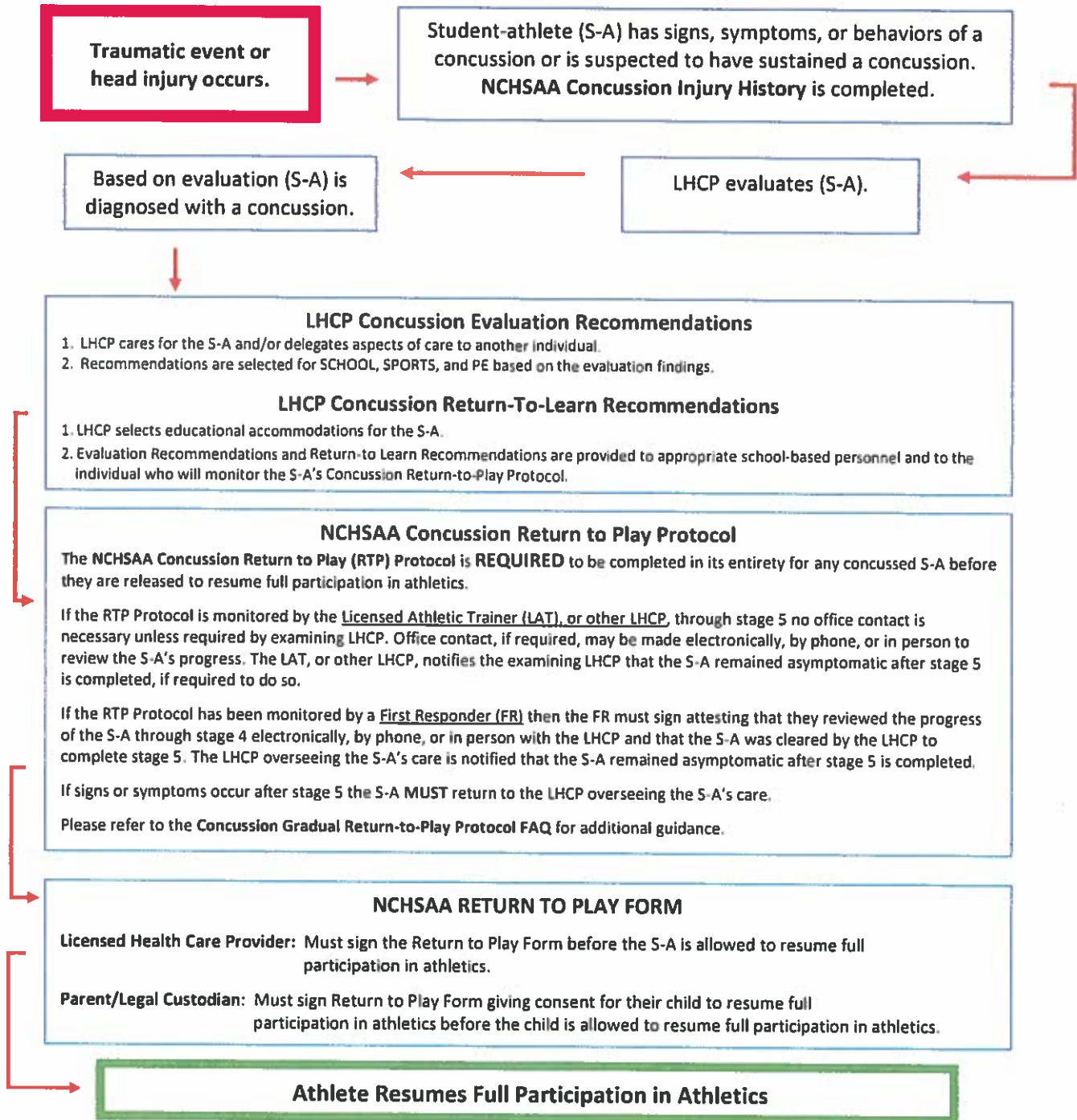
The student-athlete's parent/legal custodian **MUST** sign the RTP Form giving their consent before their child resumes full participation in athletics.

**Athlete Resumes Full Participation in Athletics**



## NCHSAA Student-Athlete Concussion Management Algorithm

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.



**NCHSAA/Gfeller-Waller Concussion Awareness Act Seasonal Compliance Checklist**

This checklist is designed to help your school work toward compliance with the Gfeller-Waller Concussion Awareness Act. *According to the law, "each school shall maintain complete and accurate records of its compliance with the requirements ..."* Beside each component is a checkbox you can use indicating compliance steps are completed.

**Educational Compliance**

- 1.  Concussion Information Sheet distributed to student-athletes and parent/ legal custodian
- 2.  Concussion Statement Forms signed and collected from student-athletes and parent/ legal custodian
- 3.  Concussion Information Sheet distributed to head and assistant coaches/athletic trainers/first responders/school nurses/volunteers
- 4.  Concussion Statement Forms signed and collected from head and assistant coaches/athletic trainers/first responders/school nurses/volunteers

**Post-Concussion Protocol/Plan Compliance**

A Post Concussion Plan in place that at a minimum includes:

- a.  No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion
- b.  Student-athlete exhibiting signs and symptoms consistent with concussion must complete a Return to Play Protocol
- c.  Return to Play Form completed by a medical professional trained in concussion management prior to return-to-play/practice for any student-athlete exhibiting signs and symptoms consistent with concussion

**Emergency Action Plan Compliance**

- 1.  Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Licensed (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs an LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee.
- 2.  The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport.
- 3.  The Emergency Action Plan must be in writing.
- 4.  The Emergency Action Plan must be provided to all coaches, administrators, volunteers, etc. involved in interscholastic athletics.
- 5.  The Emergency Action Plan must be posted conspicuously at all venues.
- 6.  The Emergency Action Plan must be annually reviewed and rehearsed by all licensed athletic trainers (LAT), first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletics.
- 7.  The Emergency Action Plan must be approved by the school principal.

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CONCUSSION STATEMENT FORMS HAVE BEEN CHECKED AGAINST BOTH TEAM AND STAFF ROSTERS AND ARE CURRENTLY ON FILE WITH \_\_\_\_\_

(NAME OF SCHOOL OFFICIAL RESPONSIBLE FOR COMPLIANCE)

FALL    WINTER    SPRING

PRINCIPAL'S SIGNATURE (OR DESIGNEE): \_\_\_\_\_ DATE: \_\_\_\_\_



## NCHSAA Concussion Injury History

Student-Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ School: \_\_\_\_\_

<u>Following the injury, did the athlete experience:</u>	<u>Circle one</u>	<u>Duration (write number/circle appropriate)</u>	<u>Comments</u>
<i>Loss of consciousness or unresponsiveness?</i>	YES   NO	_____ seconds / minutes / _____ hours	
<i>Seizure or convulsive activity?</i>	YES   NO	_____ seconds / minutes / _____ hours	
<i>Balance problems/unsteadiness?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Dizziness?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Headache?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Nausea?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Emotional Instability (abnormal laughing, crying, anger?)</i>	YES   NO	_____ minutes / hrs / days / _____ weeks/ continues	
<i>Confusion?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Difficulty concentrating?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Vision problems?</i>	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	
<i>Other</i> _____	YES   NO	_____ minutes / hrs / days / _____ weeks /continues	

Describe how the injury occurred: \_\_\_\_\_

\_\_\_\_\_

Additional details: \_\_\_\_\_

\_\_\_\_\_

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Name of person completing Injury History: \_\_\_\_\_

Contact Information: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Injury History Section completed by: Licensed Athletic Trainer, First Responder, Coach, Parent, Other (Please Circle)



## Licensed Health Care Provider Concussion Evaluation Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NCHSAA member school student-athletes diagnosed with a concussion are **STRONGLY RECOMMENDED** to have input and signature from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.

### RETURN TO SCHOOL:

PLEASE NOTE →

#### SCHOOL (ACADEMICS):

(LHCP identified below should check all recommendations that apply.)

1. The North Carolina State Board of Education approved "Return-To-Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the LHCP Concussion Return to Learn Recommendations page.

- Out of school until \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date). LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- Return for further evaluation on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date). LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- May return to school on \_\_\_\_/\_\_\_\_/20\_\_\_\_ (date) with accommodations as selected on the LHCP Concussion Return to Learn Recommendations page. LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_
- May return to school now with no accommodations needed. LHCP Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### RETURN TO SPORTS:

PLEASE NOTE →

#### SPORTS & PHYSICAL EDUCATION:

(LHCP identified below should check all recommendations that apply.)

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion Return to Play (RTP) Protocol, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

- Not cleared for sports at this time.
- Not cleared for physical education at this time.
- May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- Must return to the examining LHCP for clearance before returning to sports/physical education.
- May start the RTP Protocol under monitoring of **First Responder**. The examining LHCP must review progress of student-athlete through stage 4 and before beginning stage 5 either electronically, by phone, or in person and an additional office visit is not required unless otherwise indicated by the LHCP. If the student-athlete has remained free of signs/symptoms after stage 5 is completed, the LHCP must then sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.
- May start the RTP Protocol under monitoring of **LHCP** and progress through all five stages with no office contact necessary unless required by examining LHCP. If student-athlete remains free of signs/symptoms the LHCP must sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

Comment: \_\_\_\_\_

Signature of MD, DO, LAT, PA, NP, Neuropsychologist (Please Circle)

Date: \_\_\_\_\_

Please Print Name \_\_\_\_\_

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_

*The Licensed Health Care Provider above has delegated aspects of the student-athlete's care to the individual designated below.*

Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (Please Circle)

Date: \_\_\_\_\_

Please Print Name \_\_\_\_\_

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_



## Licensed Health Care Provider Concussion Return-To-Learn Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Licensed Health Care Providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

### Return to school with the following supports:

#### Length of Day

- Shortened day. Recommended \_\_\_\_\_ hours per day until re-evaluated or (date) \_\_\_\_\_.
- ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- Shortened classes (i.e. rest breaks during classes). Maximum class length of \_\_\_\_\_ minutes.
- Use \_\_\_\_\_ class as a study hall in a quiet environment.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.

#### Extra Time

- Allow extra time to complete coursework/assignments and tests.
- Take rest breaks during the day as needed (particularly if symptoms recur).

#### Homework

- Lessen homework by \_\_\_\_\_ % per class, or \_\_\_\_\_ minutes/class; or to a maximum of \_\_\_\_\_ minutes nightly, no more than \_\_\_\_\_ minutes continuous.

#### Testing

- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Limited classroom testing allowed. No more than \_\_\_\_\_ questions and/or \_\_\_\_\_ total time.
  - Student is able to take quizzes or tests but no bubble sheets.
  - Student able to take tests but should be allowed extra time to complete.
- Limit test and quiz taking to no more than one per day.
- May resume regular test taking.

#### Vision

- Lessen screen time (SMART board, computer, videos, etc.) to a maximum \_\_\_\_\_ minutes per class AND no more than \_\_\_\_\_ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

#### Environment

- Provide alternative setting during band or music class (outside of that room).
- Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- Provide alternative location to eat lunch outside of cafeteria.
- Allow the use of earplugs when in noisy environment.
- Patient should not attend athletic practice
- Patient is allowed to be present but not participate in practice, limited to \_\_\_\_\_ hours

### Additional Recommendations:

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## NCHSAA Concussion Return to Play Protocol

\*The NCHSAA Concussion Return to Play (RTP) Protocol is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to resume full participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion (RTP) Protocol has been designed using this step-by-step progression.

\*The NCHSAA Concussion (RTP) Protocol can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol if a LHCP is unavailable.

\*After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24 hours.

Name of Student- Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

STAGE	EXERCISE	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
First Responder Verification	If the RTP Protocol has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of this student-athlete (S-A) through stage 4 electronically, by phone, or in person with the Licensed Health Care Provider (LHCP) and that the S-A was cleared by the LHCP to complete stage 5. FR Signature: _____ Date: _____				
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
LHCP signs RTP Form	The LHCP overseeing the student-athlete's (S-A) care is notified that the S-A remained asymptomatic after stage 5 was completed. The Return to Play (RTP) Form <b>MUST</b> be signed before the S-A is allowed to resume full participation in athletics. If signs or symptoms occur after stage 5 the S-A <b>MUST</b> return to the LHCP overseeing the S-A's care.				

The individual who monitored the student-athlete's (RTP) Protocol **MUST** sign and date below when stage 5 is successfully completed.

By signing below, I attest that I have monitored the above named student-athlete's return to play protocol through stage 5.

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name



**RETURN TO PLAY FORM:  
CONCUSSION MEDICAL CLEARANCE RELEASING THE  
STUDENT-ATHLETE TO  
RESUME FULL PARTICIPATION IN ATHLETICS**

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) identified in the Gfeller-Waller Concussion Awareness Act before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist. This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

DOB: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_

This is to certify that the above-named student-athlete has been evaluated and treated for a concussion and that the Return to Play Protocol was monitored by:

\_\_\_\_\_ at \_\_\_\_\_  
(Print Name of Person and Credential) (Print Name of School)

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress and that the above-named student-athlete has successfully completed the required NCHSAA Concussion Return to Play Protocol through stage 5. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

**It is critical that the medical professional ultimately releasing this student-athlete to return to athletics after a concussion has appropriate expertise and training in concussion management. The NCHSAA, therefore, STRONGLY RECOMMENDS that in concussion cases, Licensed Athletic Trainers, Licensed Physician Assistants, Licensed Nurse Practitioners, consult with their supervising physician before signing this Return To Play Form, as per their respective state statutes.**

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,  
Licensed Nurse Practitioner, Licensed Neuropsychologist (Please Circle) Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Office Address Phone Number

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**Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics**

I am aware that the NCHSAA **REQUIRES** the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been evaluated and treated for a concussion. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's concussion and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

\_\_\_\_\_  
Signature of Parent/Legal Custodian Date

\_\_\_\_\_  
Please Print Name and Relationship to Student-Athlete