NILES NORTH PHYSICIAN FORM FOR ATHLETE CONCUSSIONS

1. DIAGNOSIS (FILLED OUT BY PHYSICIAN)

A. - The student has sustained a concussion: **YES** **NO**

B. - IF NO CONCUSSION, the symptoms are believed to be caused by the following diagnosis: _____.

2. RETURN TO PLAY - *choose* ONE *of the three options:*

A. **FULL GO** - Student did not sustain a concussion, may resume full activities today. Initial: _____.

B. **FOLLOW CONCUSSION PROTOCOL** - Student sustained a concussion, may begin the state mandated 5 step gradual return to play protocol once they are symptom free for 24 hours. No follow up appointment needed, I release their care to the athletic trainers to complete the protocol. Initial: _____.

C. **NEEDS APPOINTMENT** - Concussed athlete is required to make a follow up appointment before being released to begin the 5 step gradual return to play protocol. Initial: _____.
Follow up appointment date: _____.

3. PERMISSION FOR LIGHT CARDIO EXERTION

If athlete is only experiencing minor symptoms, I give permission to begin light cardio exertion following the recommendations of the athletic trainer. Initial: _____.
If Specific Workout is Requested please provide: _____.

4. RETURN TO LEARN ACCOMMODATIONS

A. At this time, are academic accommodations are necessary? **YES** **NO**

If student requires academic accommodations (please fill out blue sheet if necessary)

5. PERMISSION FOR COMMUNICATION

I hereby give consent for open communication between all of the following individuals in order to coordinate appropriate medical care in regards to the athlete's concussion treatment plan. Communication will be between the District 219 athletic training staff, athlete's health care provider, and Concussion Oversight Team.

Every athlete has a baseline concussion test on file. A post concussion test can be performed at your request.

PARENT SIGNATURE: _____ DATE: _____.

PATIENT NAME: _____.

TREATING PHYSICIAN'S NAME: _____.

PHYSICIAN SIGNATURE: _____ DATE: _____.

PHYSICIAN PHONE # _____.

FOR ATHLETIC TRAINER TO CONTACT IF THERE ARE ANY ISSUES WITH THE RECOVERY PROCESS: