

NORTHSIDE I.S.D. – MEDICAL PROVIDER
RETURN TO PARTICIPATE FROM CONCUSSION

Student Name: _____ Date of Injury _____

Treating Medical Provider,

Please complete the following information on this form that will be returned to the school's athletic department. The above student will only be allowed to return to full participation after receiving written instructions from a physician of his/ her choice and completion of the N.I.S.D. return to participation protocol. The five day protocol will begin after the athlete is symptom free for twenty-four hours. **(Protocol is listed on back of this page)**

Return to Athletic Participation

The student may return to full activity as follows:

Protocol start date _____

_____ Full athletic activity upon the completion of the NISD return to participation protocol.

_____ **MAY NOT RETURN TO ANY ACTIVITY**

Follow up visit scheduled for: _____

_____ Additional Instructions: _____

Physician's PRINTED name or stamp: _____

Contact number: _____

Physician's signature: _____ Date: _____

NORTHSIDE I.S.D. HIGH SCHOOL

RETURN TO PARTICIPATION CONCUSSION PROTOCOL

Student Name: _____ Date of Injury: _____

High School athletes believed to have sustained a concussion are required to follow the NISD Concussion Protocol. Protocol progression begins at 24-hour intervals as long as student-athlete is symptom free at each level. If the student-athlete experiences any post concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by their physician.

As per [UIL guidelines/ HB 2038](http://www.uilguidelines.com), protocol must be followed in all cases.
<http://www.uilguidelines.com>

Step 1: Light aerobic exercises- 5-10 minutes. This step cannot begin until the athlete is no longer having concussion symptoms and is CLEARED by a physician for further activity.

Date _____ Student Signature _____ Athletic Trainer _____

Step 2: Moderate aerobic exercise -15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Date _____ Student Signature _____ Athletic Trainer _____

Step 3: May begin weight lifting, resistance training and non-contact training drills in full uniform.

Date _____ Student Signature _____ Athletic Trainer _____

Step 4: Full contact practice or training.

Date _____ Student Signature _____ Athletic Trainer _____

Step 5: Written physician statement and UIL Concussion Management Protocol Return to Play Form with parent signature is returned to NISD.

Date _____ Athletic Trainer _____



Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgement, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)