

SCHOOL DISTRICT OF CADOTT COMMUNITY

MANAGEMENT OF HEAD TRAUMA IN SPORTS



Medical Clearance—Head Trauma

A player may not return to practice and/or play following head trauma until this form is signed by a neurologist, neurosurgeon, qualified sports medicine physician, or the athlete's family physician.

<i>Athlete's Name</i>		<i>Date of Birth</i>	<i>Age</i>
<i>Date of Head Trauma</i>	<i>Description of Head Trauma</i>		

This is to certify that the athlete has been under my care for the management of head trauma.
The athlete:

- may *not* return to athletics/physical education until further notice.
- may return to athletics/physical education unrestricted as of _____.
- is restricted. (list specific restrictions)

 	<i>Physician's Signature</i>	<i>Office Stamp (required)</i>
	<i>Date</i>	