



STUDENTS

3505F2

Authorization to Return to Play or Participate in Student Sports

I hereby state that I am a:

- ___ Physician licensed pursuant to chapter 18, title 54, Idaho Code;
- ___ Physician’s assistant licensed pursuant to chapter 18, title 54, Idaho Code;
- ___ Advanced practice nurse licensed under section 54-1409, Idaho Code; or
- ___ A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician licensed under chapter 18, title 54, Idaho Code. My directing physician is _____, and his or her license number is _____, and address is:

_____.

I further state that I have met with _____ (hereinafter referred to as “student athlete”) to evaluate the student athlete for a concussion. I have discussed with the student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion like symptoms. I am satisfied that the student athlete can return to play and/or participate in Charter School athletic leagues or sports without significant likelihood of danger or injury, and I therefore authorize student athlete to return to play and/or participation in Charter School athletic leagues or sports.

Signature

Date

License No.

Address

Signature of Directing Physician
(if signed by a Licensed Health
Care Professional)

Date