Council Rock School District
Sports Medicine Department
Return to Play Clearance Form

This form must be signed by the attending physician in order for the athlete to return to practice or competition. Please have the student athlete deliver this to the Certified Athletic Trainer or fax this form to (215) 944-1388, Attn. Sports Medicine Department. The athlete may not return to practice or competition until we receive this form. We will not accept a verbal clearance. If you have any questions, please contact the athletic trainer at (215) 944-1368. Thank you for your assistance.

In accordance with PIAA regulations: If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or head injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Name of Athlete: _____

Sport: _____

Date of Injury: _____

Diagnosis: _____

This athlete has completed the necessary rehabilitation: YES / NO

Date Cleared to Return to Sport: _____

Signature of Physician: _____

Print Name of Physician: _____

Office Telephone Number: _____