Tahoma School District Athletic & Activities Return to Play Form

Student: _____ Sport:_____

Home Address:_____

Phone Number:_____

Injury/Illness Information

Date of injury:_____ Location:_____

Sport:_____ Position:_____

Medical Treatment or Procedure:_____

_____

Non-Concussion Injuries/Illness

	Date
No restrictions as of:	_____
No practice or play until:	_____
Light running only – no contact:	_____
Regular practice – no contact:	_____

Concussion Protocols (Required)

	YES	NO	Date
1. Cleared for Stress Test	☐	☐	_____
2. Cleared for Sport Specific Conditioning	☐	☐	_____
3. Cleared for Light Practice	☐	☐	_____
4. Cleared for Full Practice	☐	☐	_____
5. Cleared for Full Competition	☐	☐	_____

Additional Comments:_____

_____

_____ Date:_____ Phone #_____

(Physician's Signature)

OR

_____ Date:_____ Phone #_____

(Certified Athletic Trainer's Signature)