# MSHSAA Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC website (www.cdc.gov/injury). All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. **Please initial any recommendations that you select below.**

Athlete's Name: _____

Date of Birth: _____

Date of Injury: _____

## THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____ Care Plan Completed By: _____

Return to This Office (Date/Time): _____

Return to School On (Date): _____

**RETURN TO SPORTS**

**PLEASE NOTE:**

1. Athletes should not return to practice or play for at least 24 hours after their head injury has occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. Athletes: Be sure that your coach and/or athletic trainer are aware of your injury and symptoms, and that they have the contact information for the treating physician.

**The following are the return to sports recommendations at the present time:**

Physical Education:
- ☐ Do NOT return to PE class at this time.
- ☐ May return to PE class at this time.

Sports:
- ☐ Do NOT return to sports practice or competition at this time.
- ☐ May gradually return to sports practices under the supervision of the healthcare provider for your school or team.
- ☐ May be advanced back to competition after phone conversation with attending physician (MD/DO/PAC/LAT/ARNP/Neurophysiologist)
- ☐ Must return to physician (MD/DO/PAC/LAT/ARNP/Neurophysiologist) for final clearance to return to competition.

**- OR -**

- ☐ Cleared for full participation in all activities and restrictions. Return of symptoms should result in re-evaluation by physician (MD/DO/PAC/LAT/ARNP/Neurophysiologist) for assessment.

**Medical Office Information (Please Print/Stamp):**

Evaluator's Name: _____ Office Phone: _____

Evaluator's Signature: _____

Evaluator's Address: _____