



NORTH PLATTE UNITED SOCCER CLUB



Written Permission & Clearance Form Return To Play Following Concussion

PLAYER'S NAME - PRINTED

AGE

CONCUSSION INJURY DATE

NP UNITED CLUB TEAM

Parent/Guardian Written Permission

I, the Parent/Guardian of the above-named student grant permission for them to resume participation in athletic activities. I understand that my son's/daughter's return to competition is to follow a stepwise Return To Play Progression. I acknowledge that my son/daughter has been provided information about the signs and symptoms associated with concussions and potential head injuries, and risks involved with sustaining a concussion, and is instructed to report such symptoms immediately to myself, as well as their coach, and to remove themselves immediately from all athletic and physical activity should such symptoms exist or reoccur at any time.

Parent/Guardian Signature

Date

Parent/Guardian Name - PRINTED

Licensed Health Care Professional Written Clearance

As a licensed health care professional (LHCP) having training in both the evaluation and management of traumatic brain injuries among the pediatric population, I acknowledge that the above-named student may resume athletic activities upon completion of the stepwise Return To Play Progression per my instructions and recommendations.

LHCP Credentials

- Physician (MD/DO)
- Physician Assistant/Nurse Practitioner
- Neuropsychologist
- Athletic Trainer
- other: _____

Licensed Health Care Professional Signature

Date

Licensed Health Care Professional Name - PRINTED

Nebraska Concussion Awareness Act: "A licensed health care professional means a physician or licensed practitioner under the direct supervision of a physician, a certified athletic trainer, a neuropsychologist, Or some other qualified individual who (a) is registered, licensed, certified, or otherwise statutorily recognized by the State of Nebraska to provide health care services and (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population."

The Zurich Consensus Statement recommends that Return To Play protocol following a concussion follows a stepwise process as outlined below. With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic (symptom-free) at the current level. Generally, each step should take 24-48 hours so that an athlete would take approximately 1-2 weeks to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any postconcussion symptoms occur while in the stepwise program, then the athlete should drop back to the previous asymptomatic level and try to progress again after a period of remaining asymptomatic for 24-48 hours.

Graduated Return To Play Protocol

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1 No activity	Symptom limited physical and cognitive rest	Recovery
2 Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate No resistance training	Increase Heartrate
3 Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4 Non-contact training drills	Progression to more complex training drills, eg, passing drills in football and ice hockey May start progressive resistance training	Exercise, coordination and cognitive load
5 Full-contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6 Return to play	Normal game play	

Completion Date - Initialed

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Start Date

McCorry P, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sports held in Zurich, November 2012. British Journal of Sports Medicine, 2013; 47:250-258.