BENJAMIN FRANKLIN CLASSICAL CHARTER PUBLIC SCHOOL

POST SPORTS-RELATED HEAD INJURY
MEDICAL CLEARANCE AND AUTHORIZATION FORM

This medical clearance should only be provided *after* a graduated return to play plan has been completed and the student has been symptom free at all stages. **The student must be completely symptom free at rest and during exertion prior to returning to full participation in extracurricular athletic activities.**

Student's Name:_____ Sex:_____ Date of Birth:_____ Grade: _____

Date of Injury: _____ Nature and extent of Injury: _____

Symptoms (check all that apply):

- ❑ Nausea or vomiting
- ❑ Dizziness/balance problems
- ❑ Feeling sluggish/"in a fog"
- ❑ Difficulty concentrating
- ❑ Other
- ❑ Change in sleep patterns
- ❑ Irritability/emotional ups & downs
- ❑ Light/noise sensitivity
- ❑ Headaches
- ❑ Fatigue
- ❑ Double/blurry vision
- ❑ Memory problems
- ❑ Sad or withdrawn

Duration of Symptom(s): _____

Diagnosis: ❑ Concussion ❑ Other_____

If concussion diagnosed, date student completed graduated return to play plan without recurrent symptoms: _____

Prior concussions (number, approximate dates): _____

Name of Physician or Practioner: _____

❑ Physician ❑ Certified Athletic Trainer ❑ Nurse Practitioner ❑ Neuropsychologist

Address: _____Phone Number: _____

Physician providing consultation/coordination (if not person completing this form): _____

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT FOR RETURN TO EXTRACURRICULAR ATHLETIC ACTIVITY.

Signature: _____Date: _____

Note: This form may only be completed by: a duly licensed physician; a certified athletic trainer in consultation with a licensed physician; a duly licensed nurse practitioner in consultation with a licensed physician; a duly licensed neuropsychologist in coordination with the physician managing the student's recovery. This medical professional verifies that they have received Department of Public Health approved training in post traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education.