

**Snake River District #52**

**STUDENTS**

**3505F2**

Authorization to Return to Play or Participate in Student Sports

I hereby state that I am a:

- \_\_\_\_\_ Physician licensed pursuant to chapter 18, title 54, Idaho Code.
- \_\_\_\_\_ Physician’s assistant licensed pursuant to chapter 18, title 54, Idaho Code.
- \_\_\_\_\_ Advanced practice nurse licensed under section 54-1409, Idaho Code.
- \_\_\_\_\_ A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician licensed under chapter 18, title 54, Idaho Code. My directing physician is \_\_\_\_\_, his or her license number is \_\_\_\_\_, and address is:

\_\_\_\_\_

\_\_\_\_\_

I further state that I have met with \_\_\_\_\_ (hereinafter referred to as “student athlete”) to evaluate student athlete for a concussion. I have discussed with student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion like symptoms. I am satisfied that student athlete can return to play and/or participate in school athletic leagues or sports without significant likelihood of danger or injury, and I therefore authorize student athlete to return to play and/or participation in school athletic leagues or sports.

\_\_\_\_\_  
Signature                                              Date                                              License No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Directing Physician                                              Date  
(if signed by a Licensed Health Care Professional)