



CHESTERFIELD COUNTY PUBLIC SCHOOLS

CONCUSSION MEDICAL RELEASE FORM – POLICY 4132
ORIGINAL FORM - July 2013/REVISED – August 2015

Dear Licensed Health Care Provider:

_____, a student-athlete, was recently removed from a Chesterfield County Public Schools' extracurricular physical activity because school officials suspect that the student sustained a concussion **on or about** _____ (**Date**). Pursuant to School Board Policy 4132 (a copy of which may be found on the school division's website, mychesterfieldschools.com), the student is prohibited from returning to play in any extracurricular activity unless he or she is first released to return-to-learn, and second, released to return-to-play by his or her licensed health care provider. Please complete the certifications that follow and sign and print below.

I certify that:

I am a physician, physician assistant, osteopath or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing and I am aware of the current medical guidance on concussion evaluation and management, **AND (check all that apply):**

The student-athlete **DID NOT** sustain a concussion and **IS RELEASED** to return-to-learn and return-to-play today; **OR,**

The student-athlete **DID** sustain a concussion and,

IS ASSIGNED TO:

- HOME REST** per Section VI.A. in Policy 4132;
- SCHOOL PART-TIME** per Section VI.B. in Policy 4132; **OR,**
- SCHOOL FULL-TIME** per Section VI.C. in Policy 4132.

AND, IS NOT RELEASED to return-to-play at this time; **OR,**

The student-athlete **DID** sustain a concussion, but no longer exhibits signs, symptoms or behaviors consistent with a concussion at rest or with exertion; further, the student has successfully completed a progressive return to sports participation program pursuant to School Board Policy 4132 that lasted a minimum of five calendar days after the student exhibited no concussive symptoms for a period of at least 24 consecutive hours in compliance with *Consensus Statement on Concussion in Sport: The 4th International Conference on Concussion in Sport held in Zurich, November 2012. McCrory P, Meeuwisse WH, Aubry M, et al. Br J Sports Med 2013; 47:250–258.* The student, therefore, **IS RELEASED** to return-to-learn and return-to-play today.

Print Name of Licensed Health Care Provider

Signature of Licensed Health Care Provider

Date

Parent/Student - Return completed form to:

- For High School – VHSL Activities - Athletic Trainer
- For High School – Non-VHSL Activities - Clinic Assistant
- For all Middle School Activities - Clinic Assistant
- For all Elementary School Activities - Clinic Assistant

COPY TO BE RETAINED IN STUDENT'S CUMULATIVE SCHOOL FILE