POLICY TITLE: Authorization to Return to
Policy No.: 449F2
Play or Participate
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AUTHORIZATION TO RETURN TO PLAY OR PARTICIPATE IN STUDENT SPORTS

I hereby state that I am a:		
Physician licensed pursuant t	o chapter 18, title 54, Id	aho Code.
Physician's assistant licensed pursuant to chapter 18, title 54, Idaho Code. Advanced practice nurse licensed under section 54-1409, Idaho Code.		
I further state that I have met with to as "student athlete") to evaluate with the student athlete the potenti having received a concussion or ex the student athlete can return to pla without significant likelihood of da athlete to return to play and/or part	the student athlete for a all ramifications of contichibiting concussion like ay and/or participate in sanger or injury, and I the	concussion. I have discussed nuing to play sports after e symptoms. I am satisfied that school athletic leagues or sports erefore authorize student
Signature	Date	License No.
Address		
Signature of Directing Physician (if signed by a Licensed Health Care Professional)	Date	
LECAL DEFEDENCE.	• • • • • •	
<u>LEGAL</u> <u>REFERENCE:</u>		
ADOPTED: 8/13/2012		
AMENDED:		