



UIL/FRISCO ISD Concussion Management Protocol and Return to Play Release Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 © of The Texas Education Code).

Name: _____ DOB: _____

Sex: Male Female Date of Injury: _____
(Circle)

Diagnosis: Concussion Resolved (Begin Return to Play) Active Concussion (See additional instructions from treating provider) No Concussion _____ (Please Explain)

Physician Signature: _____ Date: _____

Printed Physician Name Physician Address Phone

Designated School District Official Verifies:

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician’s professional judgment, it is safe for the student to return to play.

School Individual Signature/ (Print): _____ Date: _____

Parent/Guardian with legal authority to make medical decisions for the student signs and certifies that he/she:

- Has been informed of and consents to the student participating in returning to play in accordance with the return to play protocol established by the Frisco ISD Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of The Texas Education Code.

What are the risks for playing with a concussion or returning to play too soon?

Research indicates that athletes who continue playing for just 3 minutes following a concussion are almost 10 times more likely to have a longer than average recovery time. It is important to recognize when a concussion occurs and remove from play immediately. Research also indicates that athletes who return to athletic participation before completely recovering from an initial concussion injury have an increased risk of sustaining a second concussion. This re-injury often results from a seemingly insignificant blow or contact and usually results in a longer recovery period. These athletes are also at risk for Second Impact Syndrome, which results in rapid brain swelling, brain damage, and some cases death.

By signing this form, I understand the dangers related to returning too soon after a sports-related concussion. Furthermore, I certify that the above athlete has successfully completed the Frisco ISD Concussion Return to Learn and Return to Play protocols and has been released by a physician with specific training in the evaluation and management of concussions. I understand that upon my signature and return of this release form to the designated Concussion Oversight official, the above athlete will be allowed to return to full participation in practice and competition.

If you have any questions, please do not hesitate to call a Frisco ISD Athletic Trainer and/or refer to the Frisco ISD Concussion Guidelines and Consent Form.

Parent/Legal Guardian: _____
(Printed Name)

Parent/Legal Guardian: _____ Date: _____
(Signature)