

LAPWAI SCHOOL DISTRICT NO. 341

504.8.B

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.

\_\_\_\_\_ 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 \_\_\_\_\_, and his/her license number is \_\_\_\_\_ and address is \_\_\_\_\_.

I further state that I have met with \_\_\_\_\_ (hereinafter referred to as “student athlete”) to evaluate the student athlete for a concussion. I have discussed with the student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion like symptoms. I am satisfied that the 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)

Adopted: 8/20/12  
Revised: