



## ATHLETE RETURN TO PLAY

SGRA Return to Play Form (RTP) must be used when an athlete returns from injury/concussion. The form must be completed by a health care provider for any athlete that has been removed from play due to injury and had to seek medical attention. The RTP must be signed by the athlete's parent/guardian consenting to the health care provider's recommendations. A copy of this form will be retained by the coach/manager with a notification to the applicable director. This will help to ensure our athletes are not put into game situations before they have fully recovered from an injury.

PLAYER NAME: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

PRIMARY COMPLAINT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

The following are considerations/restrictions with respect for athlete to return to play:

\_\_\_\_\_  
Name of Treating Healthcare Professional

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I agree with the above plan and am knowledgeable about my child's condition and situation:**

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date