

# **Glenbrook High School District 225**

## **Post-Concussion Return-to-Play Consent**

At this time your son/daughter has completed the non-contact portion of the Return-to-Play protocol without the return of any reported concussion symptoms. The Athletic Trainer and physician have approved progression to the contact portion of the protocol. In order to complete the progression we require your consent.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Sport: \_\_\_\_\_

I acknowledge that I have read the above information, and agree to comply with the requirements of the Return-to-Play protocol. I understand that I will not be allowed to participate fully in Physical Education class or sport, until I have successfully completed the Return-to-Play protocol in its entirety. Please initial the following:

I am

- \_\_\_\_\_ Free of concussion-related symptoms
- \_\_\_\_\_ Attending and completing all school work without issue
- \_\_\_\_\_ Agreeing to report any return of symptoms as soon as they occur

Student Signature: \_\_\_\_\_

By signing below, I acknowledge that I understand the risks associated with my son/daughter returning to play, and will comply with any ongoing requirements in the Return-to-Play and Return-to-Learn protocols established by Illinois State Law. I give my consent for my son/daughter to complete the full-contact portion of the Return-to-Play protocol. Upon completion of the Return-to-Play protocol, I give my consent for my son/daughter to return to Physical Education class and full sport participation, including competition.

If you have any concerns over possible symptoms at home, please contact us.

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Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_