



Dear Parent/Guardian,

The Milwaukee Public Schools puts extreme emphasis on safety during participation in recreational activities. This includes communicating accurate information to you which may involve issues of safety. We want to inform you of an accident/injury that occurred _____ during your son or daughter's practice or game. During the incident, your child incurred contact to his or her head and is showing signs related to a possible concussion. Your child was immediately removed from the practice/game upon discovery of these symptoms.

Due to the risks involved with head injuries or concussions it is mandatory that your child be evaluated by a licensed health care provider and receive written clearance from the health care provider to return to play.

Our goal is safety for all participants. This includes making parents/guardians aware of incidents related to possible concussions. Please contact me should you have questions.

Supervisor: _____

Phone Number: _____

Athlete Return to Physical Activity Clearance

I have examined the athlete named below and confirmed that he/she has no concussion symptoms, is off medication used to treat concussion symptoms, and has returned to full academics without problems. Therefore, I am clearing him/her to return to practice and/or competition as directed.

Athlete Name: _____

Date and Time: _____

Health Care Provider Signature: _____