

Lockport Elementary School District 91

808 Adams Street

Lockport, Illinois 60441

Donna J. Gray, Superintendent

RETURN-TO-LEARN AND RETURN-TO-PLAY CONSENT FORM

For signature by parent/guardian before a student who has suffered a concussion is allowed to begin the school's Return-to-Learn and Return-to-Play protocols.

I am the parent/legal guardian of _____ (student). I hereby consent to my student returning to learn and returning to play. I hereby certify that:

1. I have been informed concerning and consent to my student participating in returning to learn and returning to play in accordance with the school's Return-to-Learn and Return-to-Play protocols;
2. I understand the risks associated with my student returning to learn and returning to play and will comply with any ongoing requirements in the Return-to-Learn and Return-to-Play protocols; and
3. I consent to the disclosure and exchange of health records (i.e. written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition) between District 91 personnel and the treating healthcare provider(s) as well as the primary healthcare provider of _____ (student name).

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

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808 Adams Street

Lockport, Illinois 60441

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RETURN TO ATHLETIC PARTICIPATION CONSENT FORM

For signature by parent/guardian and student before a student is allowed to return to full participation in interscholastic athletic practice and competition after being removed from an interscholastic athletic practice and competition due to concussion per District 91 Policy.

STUDENT NAME: _____ GRADE: _____ SPORT: _____

DATE STUDENT: _____

- Initially Sustained Injury: _____
- Returned to Regular School Activities: _____
- Achieved Return-to-Play Baseline: _____

I am the parent/legal guardian of _____ (Student Name). I hereby consent to my student returning to full athletic participation. By so consenting, I hereby certify that:

1. On _____(Date), I consented to my student participating in returning to play and returning to learn in accordance with the school’s Return-to-Play and Return-to-Learn Protocols.
2. As noted above, my student progressed through all steps of the school’s Return-to-Play protocol, and all symptoms are absent.
3. I understand that there are still inherent risks with sports and that no injury, including this one, is without recurrence risks. The being said, I believe it is safe for my student to return to full participating in interscholastic athletic practice and competition and consent to the same.
4. Both my student and I understand that if concussive signs/symptoms return, we must immediately notify the respective coach and the School Nurse. In addition, we shall comply with any ongoing requirements in the school’s Return-to-Play protocol.
5. I consent to the disclosure and exchange of health records (i.e. written statement indicating it is safe for my student to return to full participation in interscholastic athletic practice and competition) between District 91 personnel and the treating healthcare provider(s) as well as the primary healthcare provider of _____(Student Name).

Parent/ Guardian Name Printed	Parent/ Guardian Signature	Date

Student Name Printed	Student Signature	Date