

Athlete Name:

Mountain View High School Boys Lacrosse

Return to Participation Medical Release

If an athlete sustains a concussion during athletic participation, or sustains an injury and exhibits the signs, symptoms, or behaviors consistent with a concussion, the athlete must be immediately removed from all athletic participation. The athlete may only return to physical activity if/when the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives the following written clearance to return to sport.

The following athlete has been evaluated and diagnosed with a concussion by a medical professional trained in the evaluation of concussions. The following steps must be completed under the supervision of a medical professional (MD, DO, PA, Advanced Practice Nurse) who IS TRAINED IN THE EVALUATION AND MANAGEMENT OF CONCUSSIONS (as outlined in Idaho Code § 33-1625). This form must be signed by the above referenced medical professional and returned to Kim Carrillo (Vicepresident2@mvhslacrosse.com) in order for the athlete to return to participation.

DOB:

Injury Date:/_	/	Sport:	Level (Varsity, JV, Club, etc.)	Sideline
evaluation completed	: Yes 🗆 N	o□ Evaluation completed	by:	
to-Learn (successfully returning the athlete	/ toleratin to normal	g school- resumption of full activities. If more than mil	revention (CDC), the <u>Return-to-Sport</u> Strateg l cognitive workload) and there is a six-step per d exacerbation of symptoms (i.e., more than 2 attempt to exercise the next day.	rocess gradually
Return-to-Sport Strat	tegy			
Aerobic exercise 2 2a. Light (up to approx. approx. 70% max HR) Stationary cycling or way May start light resistance Following authorization be including during and after resolution of symptoms with	55% max halking at slove training the yyour physical externion before	at does not result in more than cian, Steps 4–6 should begin <u>after</u> crtion. Athletes experiencing concuss tre engaging in at-risk activities.	mild and brief exacerbation * of concussion sympto Sport-specific training away from the team environg change of 3 Individual sport-specific exercise direction and/or individual training drills away from the environment). No activities exacerbation of any signs and symptoms related to the estion-related signs/symptoms during Steps 4–6 should return to	ment (e.g., running, the team ct. urrent concussion, Step 3 to establish full
4 Non-contact trainin	g drills Exe		nore challenging training drills (e.g., passing drills, mul o a team environment.	tiplayer training), can
5 Full contact practice F	Followina m	edical clearance, participate in n		
If symptoms re-emerge with	n this level of	exertion, then return to Step 3 to esta	blish full resolution of symptoms with exertion before engaging on, then proceed to the next stage with MEDICAL CLEAR.	
6 Return to sport Norma	al game pla	I.		
			ore than 2 points on a 0 – 10 point scale (with 0 representing symptoms reported prior to cognitive activity or physical ex	
			the aforementioned athlete is cleared to begin th, IF ASYMPTOMATIC, may return to competit	
Name:		Signat	ure:	
Phone:		Fax:	Today's Date:	
I (parent/guardian) atte cleared to return to par dangerous and realize t	est that my ticipation land	child has successfully compl by a medical professional tra sions are an injury that can o	eted the full Return to Sport Strategy as outlined in concussion management. I understand occur. I also understand that this process/protocory volition, and I take full responsibility for any a	l above and has been that sports are inherently l is in place to protect my
Parent/Guardian nan	ne:		Athlete name:	

Parent/Guardian Signature: _	Athlete Signature:
Phone:	Today's Date:

February 2025