



Northern Extreme Athletics
4307 Stewart Avenue
Wausau, WI 54401
(715) 470-4592

Dear Parent or Guardian, your athlete is suspected of having suffered a concussion either in training or in competition. Because of that suspicion, your athlete has been removed from training and competition and will be placed on medical hold with Northern Extreme Athletics. This hold will prevent your athlete from training or competing until your athlete is medically cleared.

What now? On the bottom of this letter is a form that should be completed by a licensed health care provider who is trained in the evaluation and management of a concussion and who has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion. The form needs to be returned to us at before your athlete can be removed from medical hold.

You can also check with your primary care physician for a referral. We understand that you are anxious to get your athlete back to training and competition and we will work to facilitate that return as soon as possible. However, we cannot allow that return to training and competition until the athlete is cleared.

For more information on concussions, please see the resources at the U.S. government's Centers for Disease Control and Prevention www.cdc.gov/concussion/. If you have any questions, please let us know.

Thank you!



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CONCUSSION MEDICAL EVALUATION FORM

To be completed by a licensed health care provider who is trained in the evaluation and management of a concussion and who has, within three years before the day on which the written statement is made, successfully completed a continuing education course in the evaluation and management of a concussion. This athlete is being referred for evaluation after sustaining a suspected concussion. This athlete is prohibited from participating in training, competition, camps, clinics and practices until evaluated by a qualified health care provider who is trained in the evaluation and management of a concussion.

The athlete is required to return this completed form to Northern Extreme Athletics before being allowed to resume participation in training, competitions, camps, clinics and practices.

Athlete's name: _____

Date of suspected concussion: _____

Date of evaluation: _____

As a qualified health care provider trained in the evaluation and management of a concussion, I certify that _____ (athlete) is cleared to resume participation in All Star Cheerleading training, competition, camps and practices at Northern Extreme Athletics. I have, within three years before the day on which this statement is made, successfully completed a continuing education course in the evaluation and management of a concussion.

Signature: _____

Print Name: _____

Phone: _____

Date: _____