

JUDSON INDEPENDENT SCHOOL DISTRICT

9150 FM 1516 N
Converse, Texas 78109
(210) 945-1252

Concussion Referral Form

Patient Name: _____ **Date:** _____
Last Name (Please Print) First Name
ID# _____ **School:** _____ **Sport:** _____ **Grade** _____

Parent Release of information:

I _____ give _____ permission to release
Parent/Guardian Name Physician and/or Clinic Name
medical information related to the above named patient to become a confidential permanent
record in his/her medical file at his/her high school.

Per HB 2038 UIL student-athletes must be cleared by a physician after a suspected concussion and before beginning the District Return to Play Protocol. The athlete MUST complete the Return to Play Protocol(RTPP). The JISD RTPP is as follows:

Release from treating physician.

Day one -Asymptomatic for 24 continuous hours AND a return to baseline normal range.

Day two -Light aerobic exercise (e.g., stationary bike for 10-15 minutes).

Day three-Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.

Day four-Non-contact training drills. Practice with no contact (e.g., no pads in football).

Day five -Full contact practice.

Day Six- Return to full play.

Referred by: _____
Athletic Trainer School Contact Info

To be completed by health care provider.

Diagnosis/Impression: _____

Return to play upon completion of return to play protocol

Other _____

Physician's signature: _____ Date: _____

Phone number: _____

ORIGINAL-PHYSICIAN

COPY-ATHLETIC TRAINER/PARENT