



*Est. 1949*

# NORTHWEST CHRISTIAN SCHOOLS, INC.

## NWC Concussion Management Return to Play Form

This form must be completed and submitted to NWC Athletic Director or their designated representative

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
School Name (Please Print)

### NWC Verifies:

☐

The student has been evaluated by a Licensed Health Care Professional.  
(MD, DO, ARNP, PA-C, LAT)

☐

The school has received a written statement from the Licensed Health Care Professional saying it is safe for them to return to play or begin protocol steps.

☐

After an athlete is cleared, the student must still complete the Return to Play protocol steps established by NWC.

\_\_\_\_\_  
NWC Athletic Director

\_\_\_\_\_  
Date

### Parent/Legal Guardian:

☐

Family has been informed of the Return to Play protocol established by NWC.

☐

Family understands risk of returning and will comply with Return to Play protocol requirements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date