



*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 / WIAA Return to Play Form saying it is safe for them to return to play.

After 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

