



**NORTHWEST
CHRISTIAN**
SCHOOLS, INC.
Est. 1949

NWC Concussion Management Return to Play Form

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

Student Name (Please Print)

School Name (Please Print)

NWC verifies:

Please Check

- The student has been evaluated by a Licensed Health Care Profession
- The student has completed the Return to Play protocol established by NWC.
- The school has received a written statement from the treating Licensed Health Care Professional, that in the physician's professional judgment, it is safe for the student to return to play.

NWC AD, Trainer, or Designated School Employee Individual Signature

Date

NWC AD, Trainer, or Designated School Employee Individual Signature (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- Has been informed concerning and consents to the student returning to play in accordance with the Return to Play protocol established by NWC.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the Return to Play protocol.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)