

# MINNESOTA HOCKEY CONCUSSION REPORTING AND MEDICAL CLEARANCE TO RETURN TO PLAY FORM

Minnesota statute §121A.38 requires that a youth athlete must be removed from physical participation in an athletic activity if they exhibit any signs, symptoms or behaviors consistent with a concussion or is suspected of sustaining a concussion and shall not return to physical activity until he or she no longer exhibits the signs, symptoms or behaviors consistent with a concussion and has been evaluated by a provider trained and experienced in managing concussions and has provided written clearance to participate in the athletic activity. Any onsite retained medical personnel shall have the final say on whether player can participate in a game. **This form is to be used after an athlete has been removed from an athletic activity due to a concussion or concussion symptoms.**

Player Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

District: \_\_\_\_\_ Name of person reporting: \_\_\_\_\_

Association and Team: \_\_\_\_\_ Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of injury/arena: \_\_\_\_\_

Nature, extent of injuries, and symptoms: \_\_\_\_\_

Date athlete no longer exhibited symptoms: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Health Professional Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Clinic of Health Professional: \_\_\_\_\_ License number: \_\_\_\_\_

Note: An "Appropriate health professional" means a health professional who is licensed, registered, certified or otherwise authorized to provide medical treatment, trained and experienced in evaluating and managing pediatric concussions, and practicing within that person's medical training and scope of practice.

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I HEREBY AUTHORIZE THE ABOVE NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR PARTICIPATION AS FOLLOWS:**

Pursuant to the return to play protocol attached (if this option is selected the player will need to return to an Appropriate Health Professional and obtain a form with the without restrictions boxed checked after completion of the protocol).

Without any restrictions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.**

Parent/legal guardian name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

A COPY OF THIS FORM SHALL BE PROVIDED TO THE DISTRICT DIRECTOR WHEN INITIALLY COMPLETED AND AT THE END OF THE YEAR A COPY OF THIS FORM SHALL BE PROVIDED TO THE ASSOCIATION PRESIDENT OR DESIGNATED REPRESENTATIVE AND THE USA HOCKEY RISK MANAGER, MINNESOTA DISTRICT