JOINT SCHOOL DISTRICT NO 171

Board Policy 3505F2: Authorization to Return to Play or Participate in Student Sports

I hereby state that I am a:

☐ Physician licensed pursuant to chapter 18, title 54, Idaho Code.

☐ Physician's assistant licensed pursuant to chapter 18, title 54, Idaho Code.

☐ Advanced practice nurse licensed under section 54-1409, Idaho Code.

A licensed health care professional trained in the evaluation and management of concussions who is supervised by a directing physician licensed under chapter 18, title 54, Idaho Code. My directing physician is _____ , his or her license number is _____ and address is:

I further state that I have met with _____ (hereinafter referred to as "student athlete") to evaluate student athlete for a concussion. I have discussed with student athlete the potential ramifications of continuing to play sports after having received a concussion or exhibiting concussion like symptoms. I am satisfied that student athlete can return to play and/or participate in school athletic leagues or sports without significant likelihood of danger or injury, and I therefore authorize student athlete to return to play and/or participation in school athletic leagues or sports.

Signature: _____ Date: _____ License No.: _____

Address: _____

Signature of Directing Physician: _____

Date (if signed by a Licensed Health Care Professional): _____