



North Star Athletic Training

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Concussion or Head Injury Return to Play Form

Date _____

Dear Parent/Guardian,

*Your son/daughter will need written clearance from a licensed healthcare professional (LHCP), i.e. MD, DO, Neuropsychologist, or Athletic Trainer, **AND** written clearance from you - the parents/guardian, before your son/daughter can be allowed to return to activity or athletic participation (LB260 Nebraska Concussion Awareness Act, July 2012).*

_____ has successfully completed the "Return to Play Progression Program" following a concussion and has reported no concussive symptoms as of _____.

*This form must be signed and returned to the athletic training department before your son/daughter returns to practice/competition.
Sincerely,*

NAME - Head Athletic Trainer

Signatures:

LHCP Provider Clearance: _____

Date _____

Parent/Guardian Clearance: _____

Date _____