



Ohio High School Athletic Association
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MEDICAL AUTHORIZATION TO RETURN TO PLAY WHEN A STUDENT HAS BEEN REMOVED DUE TO A SUSPECTED CONCUSSION

Ohio State Law as well as NFHS rules and OHSAA policy require a student who exhibits signs, symptoms or behaviors associated with concussion to be removed from a practice or contest and **not permitted to reenter practice or competition on the same day as the removal.** Thereafter, **written medical authorization from a physician (M.D. or D.O.)** or another licensed medical provider, who works in consultation with, collaboration with or under the supervision of an M.D. or D.O. or who is working pursuant to the referral by an M.D. or D.O., AND is authorized by the Board of Education or other governing board, **is required to grant clearance for the student to return to participation.** This form shall serve as the authorization that the physician or licensed medical professional has examined the student, and has cleared the student to return to participation. The physician or licensed medical professional must complete this form and submit to a school administrator prior to the student's resumption of participation in practice and/or a contest. **To reiterate, this student is not permitted to reenter practice or competition on the same day as the removal.**

I, _____, M.D., D.O. or _____ (other licensed medical provider) have examined the following student, _____ from _____ High School/7-8th grade school, who was removed from a _____ (sport) contest at the _____ level (V, JV, 9th, 7-8th) due to exhibition of signs/symptoms/behaviors consistent with a concussion. I have examined this student, provided an appropriate return to play regimen, if necessary, and determined that the student is cleared to resume participation in practice and competition on this date _____.

Signature of Medical Professional _____

Date: _____

PRESENT THIS FORM TO THE SCHOOL ADMINISTRATOR

Note: The school must retain this form indefinitely as a part of the student's permanent record.