



LHSAA Return to Competition Form

The LHSAA requires a written statement from a health care provider for an athlete to return to competition after sustaining a concussion or head injury.

“If a competitor is determined to have a concussion, he/she shall not be permitted to continue practice or competition the same day. Written approval of a health care provider shall be required for the athlete to return to competition. If a health care provider recommends an athlete not continue, he/she shall not be overruled.”

The undersigned attending health care provider has examined the student-athlete identified below and gives permission for the student-athlete to return to competition on the date and in the sport identified.

“Health care provider” means a physician as defined in R.S.37:1262(2), a licensed nurse practitioner, or licensed physician assistant.

| | |
|---------------------------------------|---------------------------|
| Athlete | Sport |
| School | |
| Date of Concussion | Date to Return |
| Attending Health Care Provider | LA Medical License |

Attending Health Care Provider Signature: _____

Date: _____

Athletes must receive written clearance from their health care provider to complete the graduated return to play progression.

This form shall be completed in its entirety and should be maintained by the school and the health care provider. The LHSAA does not maintain this record.