

Parental Permission for Student Athlete to Return to Athletic Activities

In accord with the Nebraska Concussion Awareness Act for any student athlete who has been removed from any practice or game when reasonably suspected of having sustained a concussion or brain injury.

As the parent or legal guardian of _____,
Name of Student

a student athlete who, on _____,
Date of Incident

observation by a coach or licensed health care professional resulted in a reasonable suspicion that my son/daughter had sustained a concussion or brain injury, I hereby acknowledge and attest that my son/daughter has been evaluated and given medical attention by a licensed health care professional¹ and subsequently has been given written and signed clearance by the licensed health care professional to resume participation in athletic activities involving exertion; and I hereby add to the submittal of that medical clearance my permission for my son/daughter to resume participation in athletic activities involving physical exertion.

Parent/Guardian Signature

Date

Received by the School on _____ .
Date

Signature of School Official

Title/Capacity

¹Section 71-9103 of the Nebraska Statutes defines “Licensed Health Care Professional” for purposes of the ***Concussion Awareness Act*** as follows: “A physician, licensed health-care practitioner under the direct supervision of a physician, a certified athletic trainer, neuropsychologist, or some other qualified individual who (a) is registered, licensed, certified or otherwise recognized by the State of Nebraska to provide healthcare services and (b) is trained in the evaluation and management of traumatic brain injuries among a pediatric population.”