

Hamilton Youth Athletics

CONCUSSION RETURN-TO-PLAY AUTHORIZATION FORM

Use this form after an athlete is removed from the field of play after exhibiting concussion symptoms. HYA rules require written authorization from a physician or other licensed medical professional before an athlete may return to play after exhibiting concussions symptoms that cause that athlete to be removed from the field. This athlete MAY NOT return to play nor participate in any HYA activity on the same day that he or she has been removed (even if written medical clearance is provided). A copy of this completed form is required to be provided to both the head coach of the player and HYA.

PLAYER INFORMATION					
First Name	Middle Initial	Last Name	Division	Team Name	
Date of Injury	Injury Occurred I ☐ Practice ☐ Gan ☐ Tournament ☐ C	ne 🗖 Scrimmage	Coach Name & Phon	ne Number	Parent/Guardian Phone Number
How did the Injury Occur:					
PHYSICIAN ACTIONS					
I have examined the named athlete following the episode and determined that permission is granted for the player to return to competition (may not return to practice or competition on the same day as the injury).					
COMMENTS:					
Physician's Printed Name		Dhysician's Signature			Doto
r nysician's Frinted Name		Physician's Signature			Date
Parent's Printed Name		Parent's Signature			Date
FOR HYA ADMINISTRATIVE OFFICE PURPOSES ONLY					
Player ID		Date Received		Received B	y