DEERFIELD HIGH SCHOOL SPORTS MEDICINE

1959 N. Waukegan Road Deerfield, Illinois 60015 Fax: 224-632-3701

Gabriella (Brie) Cimino, DAT, LAT, ATC, PES / Athletic Trainer / Phone: 224-632-3115
Karl Lindblad, LAT, ATC / Athletic Trainer / Phone: 224-632-3117

PHYSICIAN FORM FOR ATHLETE CONCUSSIONS

1. DIAGNOSIS (FILLED OUT BY PHYSICIAN)

A. The student has sustained a concussion: **YES** **NO**

B. IF NO CONCUSSION, the symptoms are believed to be caused by the following diagnosis:

____.

Please sign below if you give them immediate full clearance to resume all activities, **including sports and PE:**____.

2. RETURN TO LEARN ACCOMMODATIONS

A. At this time, are academic accommodations necessary? **YES** **NO**

Academic Accommodations (attach accommodations sheet if desired):

____

____.

3. RETURN TO PLAY - choose one of three options

A. Student athlete may begin the state mandated 5-day gradual return to play protocol once they are symptom free for 24 hours and do not need any additional physician appointments. I release their care to the athletic trainers to complete the protocol. **Initial:** _______________.

B. Student athlete may begin the state mandated 5-day gradual return to play protocol, but must have a follow-up appointment if any symptoms recur. **Initial:** _______________.

C. Student athlete is OUT of sports and PE, they need to see the doctor again on this date:___________ before they are cleared for any activity. **Initial:** _______________.

4. PERMISSION FOR COMMUNICATION

I hereby give consent for open communication between all of the following individuals in order to coordinate appropriate medical care in regards to the athlete's concussion treatment plan. Communication will be between the District 113 athletic training staff, athlete's health care provider, and Concussion Oversight Team.

PARENT SIGNATURE: ____ DATE: _______________.

PATIENT NAME: ____.
TREATING PHYSICIAN'S NAME: ____.
PHYSICIAN SIGNATURE: ______________________________________ DATE: _______________.
PHYSICIAN PHONE # ____.

FOR ATHLETIC TRAINER TO CONTACT IF THERE ARE ANY ISSUES WITH THE RECOVERY PROCESS.