



Mount Prospect School District 57  
**Post-Concussion Consent Form**  
**(RTP/RTL)**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**For Superintendent Designee's Use Only**

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement, it is safe for the student to return-to-play and return-to-learn.

**Cleared for RTL**

**Cleared for RTP**

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_