
Medical Release for Return to Athletic Participation Following a Concussion

In accordance with Nebraska Legislative Bill 260, this release is to certify that

(Student-Athlete's Name)

has been released by a licensed medical provider to participate in physical exertion and athletic activities. I understand the inherent risks of athletic activities and of playing a sport with concussion. I also understand that, should any concussion-like symptoms return or new symptoms present, my son/daughter should immediately stop all physical activities and see a physician.

I hereby give my consent form my son/daughter to return to participation following this concussion.

Parent/Guardian Signature

Date

Home Phone Number

Work Phone Number