



Sports-Related Concussion Management Program Physician Release Document

Per PYHA policy, if a hockey player is suspected of sustaining a sports-related concussion during PYHA competition or practice he/she shall be removed from play until he/she is evaluated by a medical doctor of any discipline or a Certified Athletic Trainer (per Illinois General Assembly's Protecting Our Student Athlete's Act HB200) and obtains a signed release for return to full activity without restrictions.

It is required by the PYHA Board of Directors that this document of medical release be signed by a physician and turned in to the team's representative prior to returning to PYHA on-ice activities, practices or games.

I, _____
(Physician's Name)

Release (*print players name*) _____ to return to PYHA ice hockey activities, practice and games without restrictions. The athlete and parents understand that if during a physical exertional test administered by a Certified Athletic Trainer or at any other time the athlete shows returning signs or symptoms of a concussion, he/she is to contact my office.

Date of Injury _____ **Date of Release** _____

Name of Physician's Practice _____

Phone Number of Physician's Practice _____

Physician Comments:

Athlete / Parent: Turn this document in to your team representative before resuming on-ice activities, practices or games.