

Hackensack Meridian Health  
Neuroscience Concussion Management Program

*Release for Return to Athletic Participation  
Following a Concussion or Other Injury*

This release is to certify that \_\_\_\_\_ has been examined due  
(Student-athlete's Name)  
to exhibiting the signs, symptoms, and behaviors consistent with a concussion/brain injury or other  
injury. Following an examination, it is my clinical opinion that he/she:

- Is unable to return to participation in athletics, physical activity and gym until further notice. Return appointment scheduled on: \_\_\_\_\_**  
(Date)
- Is provided with a Return to Learn Plan/Academic Accommodations until further notice.**
- Is cleared to return to regular academic activities and scheduling.**
- Is cleared to begin the Return to Play Protocol with their athletic trainer,**  
\_\_\_\_\_.

**Final clearance should be obtained by school physician, pediatrician, or other medical physician trained in the evaluation and management of concussions to return to competition or practice.**

C.18A:40-41.4 A student who participates in an interscholastic sports program and who sustains or is suspected of having sustained a concussion or other head injury while engaged in a sports competition or practice shall be immediately removed from the sports competition or practice. A student-athlete who is removed from competition or practice shall not participate in further sports activity until he is evaluated by a physician or other licensed healthcare provider trained in the evaluation and management of concussions, and receives written clearance from a physician trained in the evaluation and management of concussions to return to competition or practice.

\_\_\_\_\_  
Kristine C. Keane, PsyD. Neuropsychologist

\_\_\_\_\_  
Date