Glen Ellyn School District 41
Ignite passion. Inspire excellence. Imagine possibilities.
793 North Main Street, Glen Ellyn, IL 60137

STUDENTS
Authorization to Return to Learn, Return to Play, and Return to Physical Activity following a Concussion or Suspected Concussion

Student Name: _____ Student Grade :_____

Student School Name: _____

Illinois law provides that a student removed from an interscholastic athletics practice or competition for a suspected concussion during such an activity or practice may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until certain requirements have been met.

Board policy also requires that certain requirements be met before a student suspected of suffering a concussion at any time or place be allowed to practice or compete in an interscholastic sports or intramural activities, participate in the physical activity portion of any physical education class in which the student is enrolled, or be considered fully recovered for purposes of participating in scholastic activities without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff.

To comply with those requirements, this form must be completed for any student who has suffered or is suspected of having suffered a concussion at any time or place, including during an interscholastic athletics practice or competition, before the student is allowed to return to play (in either interscholastic or intramural activities) or to physical education activities, or to learn without informal or formal accommodations, modifications of curriculum, or monitoring by a medical or academic staff. Return to Learn should be completed before Return to Play.

The physician and parental portions of this form should be completed first by the physician and the parent and returned to the School Nurse. District administration will then complete the remaining portions before allowing the student to return to play, physical education activity, or learn.

Reviewed: Concussion Committee
Adopted March 1, 2024

Glen Ellyn School District 41
Ignite passion. Inspire excellence. Imagine possibilities.
793 North Main Street, Glen Ellyn, IL 60137

Physician
Authorization to Return to Learn, Return to Play, and Return to Physical Activity following a Concussion or Suspected Concussion

Illinois law and Board policy require a student who has suffered a concussion or a suspected concussion to be evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) and to submit a written statement from the treating physician or athletic trainer indicating that, in the physician's professional judgment, it is safe for the student to return to play and learn, before the student can participate in interscholastic or intramural athletic activities, the physical activity portion of the student's physical education class, and educational activities without accommodations, modifications, or monitoring. The student identified on this form is seeking such evaluation and clearance from you via completion of this form.

Physician Name & Office Name (if any):
_____

Office Address:
_____

Please check or provide information for every box:

_____ I am a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student to evaluate the student.

_____ The parent has provided me with a copy of the Head Injury Information Sheet and any other information regarding the incident that was received from the student's school at the time of the injury.

_____ I evaluated the student using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines.
Date of evaluation: _____
_____ In my professional judgment, it is safe for the student to return to play in interscholastic sports or intramural athletics.
**If it is not safe, provide more information here: _____
_____
_____

_____ In my professional judgment, it is safe for the student to return to learn without accommodations, modifications, or monitoring.
**If it is not safe, provide more information including any recommended accommodations, modifications, or monitoring : _____
_____
_____

Provide any other pertinent information to be considered by the school here:
_____
_____
_____

Physician's Signature: _____ Date: _____

Glen Ellyn School District 41
Ignite passion. Inspire excellence. Imagine possibilities.
793 North Main Street, Glen Ellyn, IL 60137

Parent/Guardian
Authorization to Return to Learn, Return to Play, and Return to Physical Activity following a Concussion or Suspected Concussion

TO BE COMPLETED BY THE PARENT:

Parent/Guardian Name:
_____

Address:
_____

You must agree to **all** of the following before your student can return to play, return to physical education activity, and return to learn without accommodations, modifications, or monitoring:

_____ I am the student's parent or guardian or another person with legal authority to make medical decisions for the student.
_____ I or my student chose the treating physician identified in Part I of this form to evaluate the student.
_____ I have been informed concerning and consent to the student participating in returning to play in accordance with the return-to-play and return-to-learn protocols.
_____ I understand the risks associated with the 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.
_____ 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 in Part I and any return-to-play or return-to-learn recommendations of the treating physician contained therein.
_____ I understand that all sports can involve many risks of injury and that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I agree, in consideration of the School District permitting my child to return to play, to indemnify and hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with my child's return to play.
_____ I assume all responsibility and certify that the student is in good physical health and is capable of returning to play.

Parent/Guardian Signature: _____ Date:_____

Glen Ellyn School District 41
Ignite passion. Inspire excellence. Imagine possibilities.
793 North Main Street, Glen Ellyn, IL 60137

Administration
Authorization to Return to Learn, Return to Play, and Return to Physical Activity following a Concussion or Suspected Concussion

TO BE COMPLETED BY THE ADMINISTRATION

Administrator's Name and Title:

_____

Every box must be checked for the student to return to play:

_____ I am not the coach of an interscholastic team.

_____ The student has successfully completed each requirement of the following protocols:

_____ Return-to-Learn protocol
_____ Return-to-Play protocol

_____ I authorize the student to:

_____ Return to play and physical education activities
If not checked, the student should not be allowed to participate in such activities
_____ Return to learn **without** accommodations, modifications of curriculum, or monitoring by a medical or academic staff
If not checked, the student should be referred to the Concussion Oversight Team to address necessary accommodations, modifications, or monitoring

Administrator's Signature:
_____

Date: _____

We make a difference. We embrace change together. We are a true team of professionals. We build the future.