

HEALTHCARE PROVIDER RELEASE:

RETURN TO PLAY PROTOCOL (RTP)

Student Name: _____

Sport: _____ School: _____ Birthdate: _____

Date of Injury: _____ Description: _____

Important Note to Healthcare Provider:

Per AS 14.30.142, amended, a student who has been ~~been~~

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Symptomatic Stage Physical and Cognitive Rest; then, incremental cognitive work, without provoking symptoms.