

LONDONDERRY ATHLETICS

**PARENTAL PERMISSION TO RETURN TO PLAY AFTER
CONCUSSION/HEAD INJURY**

I, _____, the parent/legal guardian of
_____, acknowledge that I am aware of the signs and
symptoms of a concussion. I understand that my child has received medical clearance to return
to athletic play, and I hereby give permission for my child to return to play. Attached please find
a clearance letter from our physician.

Parent/Legal Guardian Signature

Date

Adopted: November 8, 2012