3192 Turnpike St., Susquehanna, PA 18847 Phone (570) 853-4921 www.scschools.org

Elementary School
Health Office
Ext. 1345 or 1343
Fax: (570) 853-3092

High School
Health Office
Ext. 2347
Fax: (570) 853-3918

PHYSICIAN MEDICAL RELEASE FORM

Player Name with Concussion/Suspected Concussion: _____

Name of School: _____

Name of Sport: _____

Date of Initial Medical Evaluation: _____

The Return-To-Play Release:

On this _____ day of _____, 20____, I hereby authorize and clear the above named student to return to play and participate in athletic competition without restrictions. I hereby certify that I have received training in the evaluation and management of concussions.

Signature of Physician: _____ M.D. D.O.
Original Only (circle one)

Printed name of Physician: _____

Title: _____

Office Address: _____

_____

Telephone Number: (_____) _____