

Peaster Independent School District

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Return to Play Consent Form

The athlete named below has completed the required return to play protocol for a concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. I consent to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 of the treating physician's written statement and the return to play recommendations of the treating physician and understand the immunity provisions under section 38.159. Furthermore, I certify that my son/daughter has successfully completed the Peaster ISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete's Name _____

Athlete's Signature _____

Parent of Guardian's Name _____

Parent or Guardian's Signature _____

Date _____