



DUNDAS LITTLE LEAGUE CONCUSSION RETURN TO PLAY FORM

Athlete: _____ Coach: _____

Division: _____ Team: _____

The above Athlete was examined by a Medical Professional and it was diagnosed that the Athlete did **NOT** suffer a concussion. Athlete is cleared to resume full athletic activities.

I attest that the Athlete was examined and did not suffer a concussion. Athlete is cleared to play in all practices and games:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Medical Professional Name: _____ Date: _____

Medical Professional Signature: _____

*******OR*******

The above Athlete was examined by Medical Professional and diagnosed with a concussion.

Athletes who have sustained a concussion **MUST** complete a graduated Return to Play with a Medical Professional once cleared to resume activities.

Date Cleared to Begin Return to Play Protocol: _____

Date Completed Return to Play Protocol: _____

I attest that the Athlete has successfully completed a graduated Return to Play protocol and is cleared to play in all practices and games:

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Medical Professional Name: _____ Date: _____

Medical Professional Signature: _____

Completed form must be provided to OLLB Safety Officer
(dllsafetyofficer@gmail.com) prior to the athlete returning to play.

Return to Play Progression - Based on Parachute Canada Guidelines
(http://horizon.parachutecanada.org/wp-content/uploads/2014/10/Coaches_Concussion_Guidelines.pdf)

STEP 1 No activity, complete rest. Once back to normal and cleared by a doctor, go to step 2.

STEP 2 Light exercise such as walking or stationary cycling, for 10-15 minutes.

STEP 3 Sport specific aerobic activity (ie. skating in hockey, running in soccer), for about 20-30 minutes. NO CONTACT.

STEP 4 "On field" practice such as ball drills, shooting drills, and other activities with NO CONTACT (ie. no checking, no heading the ball, etc.).

STEP 5 "On field" practice with body contact, once cleared by a doctor.

STEP 6 Game play.

Note: Each step must take a minimum of one day. If the athlete has any symptoms of a concussion (e.g. headache, feeling sick to his/her stomach) that come back at any step, STOP activity, wait 24-48 hours, and resume activity at previous step. This protocol must be individualized to the athlete, their injury and the sport they are returning to.

It is very important that an athlete not play any sports if they have any signs or symptoms of concussion. The athlete must rest until he/she is completely back to normal. When he/she is back to normal and has been seen by a doctor, he/she can then go through the steps of increasing activity described above. When the athlete has progressed through these steps with no symptoms or problems, and has received clearance from a doctor, he/she may return to play. If you are unsure if an athlete should play, remember... when in doubt, sit them out!