

**Elkhorn Soccer Club**  
**Heads Up: Concussion in Youth Sports**  
**Return to Play Permission Form**

In accordance with Nebraska Statute #LB260, an athlete having been removed from participation for the purpose of presenting with signs or symptoms or “reasonably suspected” of having sustained a concussion must have, before return to play (RTP) or participation is allowed by a coach:

- (a) written and signed clearance from an appropriate licensed health care professional trained in the evaluation and management of traumatic brain injuries among a pediatric population, and
- (b) written and signed clearance from the athlete’s parents/legal guardians.

If a coach suspects that my child has suffered a concussion, they will be removed from any further soccer related activities and will not be allowed to return to play until the parent has provided a signed medical release statement and parent release before the player is allowed to participate in further activities, conditioning, practices or games with the Elkhorn Soccer Club.

**Player Name:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Consent of a Medical Professional**

I hereby grant permission for the above named player to participate in all activities, practices and games with the Elkhorn Soccer Club. It has been determined through a complete medical evaluation that the aforementioned player is safe to return without any restrictions.

I am qualified to grant the return of the aforementioned player as a Licensed Health Care Professional physician or licensed practitioner under the direct supervision of a physician, physician’s assistant, nurse practitioner, neuropsychologist, an athletic trainer; or a qualified healthcare professional that is trained in the evaluation and management of traumatic brain injuries and concussions among a pediatric population.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian Consent and Release**

I, the parent or guardian of the aforementioned player for the Elkhorn Soccer Club, hereby gives approval for his/her return to all soccer related activities, including practices and games. By signing, I hereby agree that my son or daughter, playing with the Elkhorn Soccer Club, has been properly assessed, diagnosed and treated by the above named medical professional and give my permission for their unrestricted return to soccer action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed forms must be returned to the athlete’s coach prior to the player returning to any soccer related activities.**