



ROCKY MOUNTAIN YOUTH FOOTBALL LEAGUE CONCUSSION CLEARANCE FORM



The Rocky Mountain Youth Football League (RMYFL) has provided this form as a uniform method for Qualified Health Care Providers (Q.H.C.P.) to evaluate and provide a release for athletes to return to play after having sustained concussion, or after having been removed from playing after showing signs or symptoms of a traumatic brain injury. Permission to return and participate will be decided by a Q.H.C.P. as designated by the Utah 'Protection of Athletes with Head Injuries' Act (UCA § 26-53-101, et seq.). Prior to returning and participating the athlete must present a signed release by a Q.H.C.P stating that the athlete is medically released to play. **This form must be used to clear any RMYFL affiliated athlete.**

An athlete MAY NOT return to play until THIS FORM is signed by a Q.H.C.P. and returned to the appropriate administrative staff as outlined by the RMYFL Concussion Policy.

Players Information

			Rocky Mountain Youth Football League
<i>Players Name</i>	<i>Team Name</i>	<i>Age</i>	<i>Event</i>
___/___/___	___/___/___	___ AM PM	___/___/___
<i>Date of Injury</i>	<i>Date of Initial Exam</i>	<i>Time of Exam</i>	<i>Date of Birth</i>

The above-named athlete is released to, _____ who is an adult over the age of 18 who is capable of monitoring the said athlete's medical condition. If the above-named adult is not the parent/legal guardian of said athlete, then they are responsible for monitoring said athlete's progress until said athlete's parent/legal guardian is present, or until said athlete is under the care of a medical professional. If said athlete's symptoms worsen then medical attention must be sought immediately.

	___/___/___
<i>Signature of Person Responsible for Monitoring Progress</i>	<i>Date</i>

"Overview" of the Return-to-Play Process

Checklist: returning a player back to the field

- Step 1.** Initial Evaluation from a Q.H.C.P.
 - If an athlete is suspected of having a concussion or is experiencing symptoms of a traumatic brain injury (TBI) then they must be immediately evaluated by a Q.H.C.P. (MD, PhD, ATC, PA, or NP).
 - They will be diagnosed as **having** or **not having** a concussion.
 - If diagnosed as **not having** have a concussion, then they should follow the evaluating Q.H.C.P.'s instructions.
 - If diagnosed as **having** a concussion, then proceed to step 2.
- Step 2.** Follow-up visit with a Q.H.C.P. once the athlete is *symptom-free*.
 - *After* the athlete is 100% symptom-free, they will return to the Q.H.C.P. for further information and instructions.
- Step 3.** Follow Q.H.C.P.'s return-to-play orders.
 - The Q.H.C.P. will choose 1 of 2 options for "return to play". (*page 2*)
- Step 4.** *If needed*, obtain final clearance from Q.H.C.P..
 - If Q.H.C.P. chooses option #2, then final clearance will be needed.

Step 5. Return all completed and signed paperwork to appropriate administrative staff.



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An athlete will not be able to fully return until he or she is cleared through RMYFL.

Evaluation and Diagnosis (please check box 1 or 2)

BOX 1

The above-named athlete has been found to HAVE NOT suffered a concussion and is medically released to return to play as of, ____/____/____.

Health Professional (print name) Health Professional (signature) Qualification: (M.D., A.T.C., etc) ____/____/____
Date

Phone: (____) _____ - _____ Email: _____
Health Professional Contact Information

BOX 2

The above-named athlete has been found to HAVE suffered a concussion on the date of injury noted above.
(The Q.H.C.P. providing the return-to-play clearance will choose a clearance option below).

Health Professional (print name) Health Professional (signature) Qualification: (M.D., A.T.C., etc) ____/____/____
Date

Phone: (____) _____ - _____ Email: _____
Health Professional Office Number Health Professional Email

QUALIFIED HEALTH CARE PROVIDER STATEMENT

I _____, am a Qualified Health Care Provider as specified in the Rocky Mountain Youth Football League Concussion Management Policy (M.D., PhD., A.T.C., N.P., P.A.). I am trained in the management, evaluation, and treatment of a concussion and:

- Licensed under Utah Code, Title 58, and Division of Occupational and Professional Licensing.
- Can evaluate and manage a concussion within the scope of my practice.
- Within the past **3 years** of today's date have successfully completed a continuing education course in the evaluation and management of concussions.

(Qualification (M.D., PhD, A.T.C., N.P., P.A.) Utah License Number (optional)

Signature ____/____/____ (____) _____ - _____
Signature Date Phone Number

QUALIFIED HEALTH CARE PROVIDER - Clearance Options

(Qualified Health Care Provider - Please choose 1 of the following 2 options)

Option 1: Player is released to return back to play with no restrictions as of the following date:

____/____/____.

Health Professional Signature Date

Option 2: Player is released to return back to play after successfully completing requirements as set forth by the Q.H.C.P. in line with Utah State Law and this policy.

Health Professional Signature Date

*By signing this form I acknowledge that I am releasing the above-named athlete to full return to play with no restrictions and providing a final clearance for said athlete.

*It is understood that the final signature below will not be granted until the athlete has completed the above stated requirements and has returned back to the evaluating Q.H.C.P. for a follow up visit.

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*By signing this form I acknowledge that I am releasing the above-named athlete to full return to play with no restrictions and providing a final clearance.

_____ / / _____
Health Professional *Signature Date*