



LHSAA Return to Competition Form

LHSAA rules require a written statement from a physician in order for an athlete to return to competition who apparently had a concussion.

“If a competitor is determined to have a concussion, he/she shall not be permitted to continue practice or competition the same day. Written approval of a physician shall be required for the athlete to return to competition. If a physician recommends an athlete not continue, he/she shall not be overruled”.

The undersigned attending physician has examined the student athlete identified below and gives permission for the student athlete to return to competition on the date and in the sport identified.

ATHLETE:	_____
SCHOOL:	_____
SPORT:	_____ <i>DATE of CONCUSSION</i> _____
ACTIVITY:	_____ <i>DATE to RETURN</i> _____

Attending Physician Name (Print)

Attending Physician Signature

La. Medical License

Date Signed

(Duplicate as needed)

This form SHALL be completed in its entirety and one copy emailed to bguzzardo@lhsaa.org and one copy kept on file at the school