Alamo Heights ISD Athletics
Return To Participation from Concussion
Medical Provider Statement

Athlete's Name: _____ Date of Injury: _____ Sport: _____

To the treating medical provider,

Please complete the lower portion of this form so that the student may return it to their school athletics department. Students may only return to full participation after receiving a physician statement indicating the ability to begin activity and completion of the AHISD Return to Participation (RTP) from Concussion procedures. The procedures are a phased return to full activity due to a suspected or diagnosed concussion.

Return to Athletic Participation

_____ Full athletic activity upon successful completion of the AHISD RTP from Concussion procedures.

_____ **MAY NOT return to any activity**

Has follow-up visit on: _____

_____ Other instructions: _____

_____

_____

_____

General/Additional Comments: _____

_____

_____

Physician's printed/stamped name: _____

Contact Number: _____

Physician's Signature: _____ Date: _____

August 2024