



Ohio High School Athletic Association- 4080 Roselea Place, Columbus, Ohio 43214-Telephone: 614-267-2502; Facsimile – 614-267-1677-[www.ohsaa.org](http://www.ohsaa.org)

**MEDICAL AUTHORIZATION TO RETURN TO PLAY WHEN A STUDENT HAS NOT RECEIVED A CONCUSSION**

NFHS rules and OHSAA policy require a student who exhibits signs, symptoms or behaviors associated with concussion to be removed from a contest and not permitted to reenter competition without written medical authorization from a physician (M.D. or D.O.) or an Athletic Trainer. This form shall serve as the authorization that the medical professional has examined the student on site, has determined that the student is NOT concussed, and has cleared the student to reenter the contest on the same day. The physician or athletic trainer must complete both the top and bottom portions of this form and submit to both the head contest official (top portion) and a school administrator or the head coach (bottom portion) prior to the student's entry back into the contest. The official shall make a copy of the form, retain one and forward the copy to the OHSAA.

I, \_\_\_\_\_, M.D., D.O. or A.T. have examined the following student, \_\_\_\_\_ from \_\_\_\_\_ High School/7-8<sup>th</sup> grade school, who was removed from a \_\_\_\_\_ (sport) contest at the \_\_\_\_\_ level (V, JV, 9<sup>th</sup>, 7-8<sup>th</sup>) due to exhibition of signs/symptoms/behaviors consistent with a concussion. I have examined this student and determined that, based on current examination, he/she has not received a concussion and is cleared to reenter the competition today.

Signature of Medical Professional \_\_\_\_\_

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

**PRESENT THIS FORM TO THE HEAD CONTEST OFFICIAL WHO WILL COPY AND RETURN TO OHSAA: ATTENTION BRANDY YOUNG**

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(Tear at broken line)



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Signature of Medical Professional \_\_\_\_\_

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

**PRESENT THIS FORM TO THE SCHOOL ADMINISTRATOR OR HEAD COACH**

**Note: The school must retain this form for seven years after the student's 18<sup>th</sup> birthday.**