

# East Central Independent School District

6634 New Sulphur Springs Rd

San Antonio, Texas 78263

(210) 648-7861

## Concussion Referral Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name

First Name

ID# \_\_\_\_\_ School: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Release of information:

I \_\_\_\_\_ give \_\_\_\_\_ permission to release any/all  
Parent/Guardian Name Physician and/or Clinic Name  
medical information related to the above named patient to become a confidential permanent record in his/her  
medical file at his/her school.

Per HB 2038 UIL student-athletes must be cleared by a physician after a suspected concussion and before beginning the District Return to Play Protocol. The athlete MUST complete the Return to Play Protocol(RTPP). The ECISD RTPP is as follows:

Release from treating physician.

*Step one* – Asymptomatic for 24 continuous hours.

*Step two* – Light aerobic exercise (e.g., stationary bike/treadmill for 10-15 minutes).

*Step three* – Sport specific conditioning. Goal is to have athlete sweat and increase heart rate.

*Step four* – Non-contact training drills. Practice with no contact (e.g., no pads in football).

*Step five* – Full contact practice.

*Step Six* – Return to full play.

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Referred by: \_\_\_\_\_

Athletic Trainer

Contact Info

*To be completed by health care provider.*

Diagnosis/Impression:

Return to play upon completion of return to play protocol

Other \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_