

SECTION I - To be signed by the parent/guardian and student

Student's Name \_\_\_\_\_ School \_\_\_\_\_

Student's Grade \_\_\_\_\_ Sport \_\_\_\_\_

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play and returning to learn in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable, attach the treating physician's or athletic trainer's written statement with return-to-play and/or return-to-learn accommodations or complete Section II below.

SECTION II - To be completed by the treating physician or athletic trainer

The student listed above has been evaluated using established medical protocols based on peer-reviewed, scientific evidence consistent with Centers for Disease Control and Prevention guidelines and and the student may return-to-learn as follows:

- Full-Time Attendance with No Restrictions (student is completely symptom-free)
- Full-Time or Part-Time Attendance with the following accommodations:
  - No Physical Activity
  - Limited Physical Activity \_\_\_\_\_
  - Limit time on electronic devices. Recommend \_\_\_\_\_ minutes per day.
  - Part-Time Attendance. Recommend \_\_\_\_\_ hours per day.
  - Shortened Classes (i.e. rest breaks during classes). Maximum class length \_\_\_\_\_ minutes.
  - Allow extra time to complete coursework/assignments and tests.
  - Lessen homework load. Maximum length of nightly homework \_\_\_\_\_ minutes.
  - No significant classroom or standardized testing at this time.
  - Other \_\_\_\_\_

These accommodations are in effect from (date) \_\_\_\_\_ to (date) \_\_\_\_\_.

RETURN-TO-PLAY

- Student may return to interscholastic practice/competition with no restrictions.
- Gradual return to inter-scholastic practice under the supervision of an appropriate health care provider is permitted, following the District's return-to-play protocol, before returning to inter-scholastic competition.
- Do not return to inter-scholastic practices/competition at this time. Student may return on (date) \_\_\_\_\_ following the gradual return to practice guidelines in the District's return-to-play protocol.

Physician/Athletic Trainer Signature \_\_\_\_\_ Phone \_\_\_\_\_