

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 _____

Physician/Athletic Trainer Printed Name _____ Date _____

Student Cleared for RTL (Date) _____ Student Cleared for RTP (Date) _____