

RETURN TO ACTIVITY & POST-CONCUSSION CONSENT FORM

This form is to be used after an athlete is removed from and not returned to activity after exhibiting concussion symptoms. MHSAA rules require 1) Unconditional written authorization from a physician (MD/DO/Physician's Assistant/Nurse Practitioner), and 2) Consent from the student and parent/guardian. Both Sections 1 & 2 of this form must be completed prior to a return to activity. This form must be kept on file at the school and emailed to Concussion@MHSAA.com or faxed to 517-332-4071.

Student: S	chool:
Event/Sport: Da	ate of Injury:
1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner	
The clearance must be in writing and must be conditional. It is not sufficient that the M.D., D.O., Physicial Assistant or Nurse Practitioner has approved the student begin a return-to-activity progression. The medical examinust approve the student's return to unrestricted activity.	requirements and protocols including but not limited to mandatory periods of inactivity, screening and post-concussion testing prior
I have examined the above named student-athlete following this episode and determined the following:	
Permission is granted for the athlete to return to activity (may not return to practice or competition on the same day as the injury).	
	DATE:
SIGNATURE (must be MD or DO or PA or NP - circle	e one)
Examiner's Name (Printed):	
2. Post-Concussion Consent from Student and Parent/Guardian.	
I am fully informed concerning, and knowingly and volunta consent to, my/my child's immediate return to participation athletic activities; I understand, appreciate, acknowledge, a assume the risks associated with such return to activity, incluing but not limited to concussions, and agree to comply with relevant protocols established by my/my child's school and the MHSAA; and I/my child has been evaluated by, and has ceived written clearance to return to activity from an M.D., D. Physician's Assistant or Nurse Practitioner.	MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or other-
Student's Signature (Required):	Date:
*Parent/Guardian's Name *Parent/Guardian's Signature:	
*Required if student is less than 18 years of age.	

SEE REVERSE FOR OTHER CONCUSSION RELATED INFORMATION INCLUDING INSURANCE THIS FORM SHOULD BE KEPT ON FILE AT THE SCHOOL FOR SEVEN YEARS FOLLOWING THE STUDENT'S HIGH SCHOOL GRADUATION.

Print Year of HS Graduation:

SCHOOL CONCUSSION REPORTING

Schools must report concussion events online while logged into MHSAA.com. Report any concussion event in all levels of all MHSAA sports where a student is withheld from activity. This is a separate process from the Return to Activity and Post-Concussion Consent Form on the reverse side.

MHSAA CONCUSSION CARE INSURANCE

The Michigan High School Athletic Association is providing athletic participants at each MHSAA member junior high/middle school and high school with insurance that is intended to pay accident medical expense benefits resulting from concussion. The suspected concussion must be sustained while the athlete is participating in an MHSAA in-season covered activity (practice or competition). Policy limit is \$25,000 for each accident.

This program intends to assure that all eligible student-athletes in MHSAA member schools in grades 6 through 12, male and female, in all levels of all sports under the jurisdiction of the MHSAA, receive prompt and professional attention for head injury events even if the child is uninsured or under-insured. Accident medical deductibles and co-pays left unpaid by other policies are reimbursed under this program to the limits of the policy.

Covered students, sports and situations follow to the MHSAA accident medical insurance which pays up to \$1,000,000 for medical expenses left unpaid by other insurance after a deductible of \$25,000 per claim in paid medical expenses has been met. All students enrolled in grades 6 through 12 at MHSAA member schools who are eligible under MHSAA rules and participating in practices or competition in sports under the MHSAA's jurisdiction are covered by this policy for injuries related to their athletic participation.

CONCUSSION INSURANCE CLAIMS ADMINISTRATOR ADDITIONAL INFORMATION

Ms. Terri Bruner K & K Insurance Group 1712 Magnavox Way Fort Wayne, IN 46801

Phone: 800-237-2917 Fax: 312-381-9077 Email: Terri.Bruner@kandkinsurance.com

Claim Forms can be found on MHSAA.com, Health & Safety (upper right corner). See Concussion Insurance Benefits Information and Forms