

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:	School:
Event/Sport:	Date of Injury:
1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner	
 The clearance must be in writing and must be uncondition is not sufficient that the M.D., D.O., Physician's Assist Nurse Practitioner has approved the student to begin a to-activity progression. The medical examiner must approved the student's return to unrestricted activity. 	tant or gent requirements and protocols including but not limited to return-mandatory periods of inactivity, screening and post-concussion
I have examined the above named stude following:	nt-athlete following this episode and determined the
Permission is granted for the athle competition on the same day as the i	ete to return to activity (may not return to practice or njury).
	DATE:
SIGNATURE (must be MD or DO or PA or NP - ci	rcle one)
Examiner's Name (Printed):	
Examiner 3 Name (Finted).	
2. Post-Concussion Consent from	Student and Parent/Guardian.
I am fully informed concerning, and knowingly and volut consent to, my/my child's immediate return to participat athletic activities; I understand, appreciate, acknowledge assume the risks associated with such return to activity, it ing but not limited to concussions, and agree to comply we relevant protocols established by my/my child's school at the MHSAA; and I/my child has been evaluated by, and how ceived written clearance to return to activity from an M.D., Physician's Assistant or Nurse Practitioner.	ion in MHSAA-sponsored athletics, I/we do hereby waive any and all claims, suits, losses, actions, or causes of action against the members, employees, agents, attorneys, insurers, volunteers, and/or and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or
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 additional insurance that is intended to pay accident medical expense benefits resulting from a suspected concussion. The injury must be sustained while the athlete is participating in-season at an MHSAA covered activity. Policy limit is \$25,000 for each accident. Covered students, sports and situations follow the catastrophic accident medical insurance.

This new 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.

The Concussion Care Insurance corresponds with the MHSAA Catastrophic Accident Medical Insurance Policy which pays up to \$500,000 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