

**AUTHORIZATION FOR PLAYER TO RETURN
TO GAME AFTER SUSPICION OF CONCUSSION***

NFHS Rule 3, § 3, art. 1 (c) states that “any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headaches, dizziness, confusion or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional.”

The New York State Public High School Athletic Association (“NYSPHSAA”) has determined that the following school health personnel may be considered an “appropriate health-care professional”:

- *Chief School Medical Officer*
- *school nurse*
- *physician*
- *certified athletic trainer*
- *EMT that is a member of the on-site EMS squad*

The NYSPHSAA emphasizes that a player removed from the game because of a suspected concussion may not return to the game if there is not an appropriate health-care professional available.

During a **Varsity/Junior Varsity/Freshman/Modified** soccer game on _____, 20____,
(circle the appropriate level) *(month)* *(day)*

between _____ High School and _____

High School at the _____ soccer field,
_____ was removed because a
(removed player’s name)

Referee/Coach/Trainer/Athletic Director/Other _____ believed the player exhibited
(circle the appropriate individual) *(describe)*

signs, symptoms and/or behaviors that are consistent with a concussion. The player was assessed by

_____, a/the _____,
(name of health-care professional) *(title of health-care professional)*

who determined that the player did not exhibit signs, symptoms or behaviors consistent with a concussion and cleared the player to return to the game.

Signature *Print*

The **Coach/Athletic Director** of the _____ High School
(circle appropriate title)

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