MINNESOTA HOCKEY CONCUSSION REPORTING AND MEDICAL CLEARANCE TO RETURN TO PLAY FORM

Minnesota statute §121A.37 requires that a youth athlete must be removed from physical participation in an athletic activity if they exhibit any signs, symptoms or behaviors consistent with a concussion or is suspected of sustaining a concussion and shall not return to physical activity until he or she no longer exhibits the signs, symptoms or behaviors consistent with a concussion and has been evaluated by a provider trained and experienced in managing concussions and has provided written clearance to participate in the athletic activity. This form is to be used after an athlete has been removed from an athletic activity due to a concussion or concussion symptoms.

/DOB:/
rting:
Date of Injury:/
Title:
License number: rofessional who is licensed, registered, nt, trained and experienced in evaluating at person's medical training and scope of
Phone Number:
RN TO ATHLETIC ACTIVITY FOR FULLDate://
ITIFIED ON THIS FORM AND I CONSENT TION.
Date:/

AT THE END OF THE YEAR A COPY OF THIS FORM SHALL BE PROVIDED TO THE ASSOCIATION PRESIDENT OR DESIGNATED REPRESENTATIVE AND THE USA HOCKEY RISK MANAGER, MINNESOTA DISTRICT