



Date: \_\_\_\_\_

**THE SPORTS CONCUSSION PROGRAMME 2019**

Name of player: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Should not attend class until \_\_\_\_\_

Justification: \_\_\_\_\_

Should please be allowed the following academic concessions \_\_\_\_\_

Justification: \_\_\_\_\_

May not partake in sport until further assessment

Reason: \_\_\_\_\_

May resume non-contact training as per “return-to-sport” schedule

May resume full training and sports participation as from \_\_\_\_\_

These guidelines are in accordance with international concussion consensus for youth athletes<sup>1</sup>

Yours faithfully

Dr

<sup>1</sup>McCrory P, et al. *Br J Sports Med* 2017;0:1–10.