

Central U.P. Youth Football League, Inc.
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. CUPYFL 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.

Players Full Name: _____

Area: _____ Date of Injury: _____

Section 1. Action of M.D., D.O., Physician's Assistant or Nurse Practitioner The clearance must be in writing and must be unconditional. It is NOT sufficient that the M.D., D.O., Physician's Assistant or Nurse Practitioner has approved the student to begin a return-to-activity progression, nor is it sufficient that the student is authorized to return pending the completion of a return-to-activity progression. The medical examiner must approve the player's return to unrestricted activity.

Permission is granted for the athlete to return to unrestricted 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 one)

Examiner's Name (Printed): _____

Section 2. Post-Concussion Consent from Player and Parent/Guardian. I am fully informed concerning, and knowingly and voluntarily consent to, my/my child's immediate return to participation in athletic activities; I understand, appreciate, acknowledge, and assume the risks associated with such return to activity, including but not limited to concussions, and agree to comply with all relevant protocols established by CUPYFL; and I/my child has been evaluated by, and has received written clearance to return to activity from an M.D., D.O., Physician's Assistant or Nurse Practitioner.

Student's Signature (Required): _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Send this completed form to CUPYFL P.O. Box 142 Iron Mountain, MI 49801 or email to cupyfl@gmail.com or take a picture of the completed form and text to 906-396-2186