RETURN TO PLAY FORM

Football Friends Club · footballfriends.club

Complete this form and hand it to the organizer, with written medical clearance attached, before your child rejoins any Football Friends Club session.

Child

CHILD'S NAME

DATE OF SUSPECTED CONCUSSION

WHAT HAPPENED

Medical clearance

LICENSED HEALTH CARE PROVIDER

DATE OF CLEARANCE

☐ Written medical clearance attached

Parent or guardian

My child was removed from Football Friends Club because of a suspected concussion or head injury. A licensed health care provider has evaluated my child and given written clearance to return to sports.

NAME

SIGNATURE

DATE

ORGANIZER USE ONLY

RECEIVED BY

DATE RECEIVED