

**Bishop Luers
High School**



**Quality Catholic
Education
Since 1958**

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**CONCUSSION EVALUATION AND RELEASE TO PLAY FORM
FOR LICENSED HEALTH CARE PHYSICIAN**

(SECTION ONE: Completed by School Personnel)

Student Name: _____

Date: _____ Sport's Team: _____

Grade: _____ Number of Past Concussions: _____

Brief Description by School Personnel of How Injury Occurred and Why Concussion is Suspected: _____

(SECTION TWO: Completed by Licensed Health Care Physician)

Per Indiana Code 20-34-7, a student athlete who is suspected of suffering a concussion may not return to play until the student athlete has been evaluated by a **licensed health care physician trained in the evaluation and management of concussions and head injuries** and receives a written clearance to return to play from the health care physician who evaluated the student athlete.

Health Care Physician Name: _____

License Number: _____ Licensing Board: _____

I have evaluated the above mentioned student athlete and the student athlete is:

_____ **NOT CLEARED** to participate in any sports-related activities (including gym class) until seen for a follow-up exam

_____ **CLEARED** to begin the return to play below with ATC starting on: _____

Step 1: May participate in light activity (15 minutes on an exercise bike, walking, or light jogging; but no weight lifting, jumping or hard running)

Step 2: May participate in moderate activity on the following date (30 minutes of moderate intensity activity on an exercise bike, jogging or weight lifting {reduced time and/or weight than normal})

Step 3: May participate in heavy; non-contact physical activity (60 minutes of sprinting, running, high-intensity exercise bike, weight lifting and partner work; but no contact sports)

Step 4: May participate in heavy; light contact physical activity (Regular conditioning and duration; very light contact with dummies)

Step 5: May return to practice and full contact in a controlled practice

Step 6: May return to full game play

* Please note that if signs and symptoms of a concussion occur, the student must return to the previous stage and parents must contact the licensed health care physician for instructions.

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(Signature of Health Care Physician)

(Date)