Concussion Evaluation & Release to Play

For licensed health care providers — participation in West Coast Impact Athletic League

Updated July 2026

Section One — Completed by Parent

Student name: _____

Date _____ Sports team _____ Grade _____ Past concussions _____

Brief description by parent of how the injury occurred and why a concussion is suspected:

Section Two — Completed by Licensed Health Care Provider

Per California Education Code § 49475 and California Health and Safety Code § 124235, a student-athlete suspected of suffering a concussion may not return to play until they are evaluated by a licensed health care provider trained in the evaluation and management of concussions and head injuries, receive written clearance to return to play from the evaluating health care provider, and complete a graduated return-to-play protocol of no less than seven days.

Health care provider name: _____

License number _____ Licensing board _____

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

☐ **1.** Not cleared to participate in any sports-related activities (including gym class) until seen for a follow-up exam.

☐ **2.** Cleared, as of today, to return to all activities, including sports, without restrictions.

☐ **3.** Cleared to return to all activities, including sports, without restrictions, on the following date*: _____

☐ **4.** Cleared to return to sports following the schedule below:

- **Step 1:** May participate in light activity on the following date*: _____ (e.g., 10 minutes on an exercise bike, walking, or light jogging; no weight lifting, jumping, or hard running).
- **Step 2:** May participate in moderate activity on the following date*: _____ (e.g., moderate-intensity exercise bike, jogging, or weight lifting at reduced time and/or weight).
- **Step 3:** May participate in heavy, non-contact physical activity on the following date*: _____ (e.g., sprinting, running, high-intensity exercise bike, weight lifting; no contact sports).
- **Step 4:** May return to practice and full contact in a controlled practice setting on the following date*: _____
- **Step 5:** May return to full game play on the following date*: _____

☐ **5.** Other — please list:

*Note: If signs and symptoms of a concussion recur, the student must return to the previous stage, and parents must contact the licensed health care provider for instructions.

Parent/Guardian Notification (for athletes under 18)

The organization notified the parent/guardian of the time and date of the injury, the symptoms observed, and any treatment provided, if applicable.

Parent/Guardian name: _____

_____ Notification date

_____ Notification time

_____ Signature of health care provider

_____ Date

_____ Parent's signature

_____ Date