

Skate Ontario Concussion Policy

Return to Play

Name of Player: _____

Date of Sustained Injuries: _____

Considerations/Restrictions with respect to returning to skate:

Name of Treating Physician:

Signature of Treating Physician:

Clinic Address:

Clinic Phone Number:

Date:

Personal information used, disclosed, secured or retained by Skate Ontario will be held confidentially and safely for the purpose for which we collected it.

