



# Skate Ontario Concussion Policy

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## 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.***