Skate Ontario Concussion Policy

Return to Play

Name of Player: _____

Date of Sustained Injuries: _____

Considerations/Restrictions with respect to returning to skate:

_____

_____

_____

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_____

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.