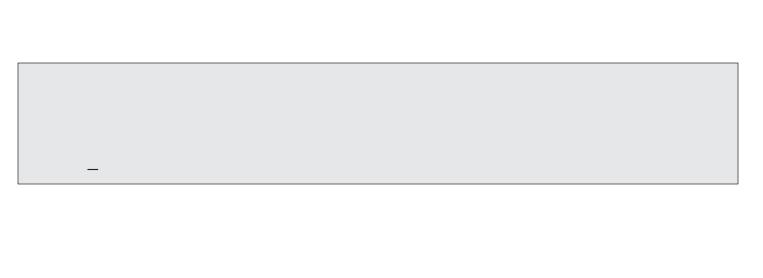
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Post Head Injury/Concussion Initial Return to Participation (Page 1 of 2)

This form is to be completed by an appropriate health care provider (AHCP-MD/DO) trained in the latest concussion evaluation and management protocols as defined in FHSAA policy 40.2 for any student-athlete that has sustained a concussion and must be kept on fle at the



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Post Head Injury/Concussion Initial Return to Participation $(\mbox{\sc Page 2 of 2})$

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