

**LOUISIANA HIGH SCHOOL ATHLETIC ASSOCIATION**  
12720 Old Hammond Highway  
Baton Rouge, LA 70816  
(225) 296-5882 Fax: (225) 296-5919

**RETURN TO COMPETITION**

**LHSAA rules require a written statement from a physician in order for an athlete to return to competition who apparently had a concussion.**

*“If a competitor is determined to have a concussion, he/she shall not be permitted to continue practice or competition the same day. Written approval of a physician shall be required for the athlete to return to competition. If a physician recommends an athlete not continue, he/she shall not be overruled”.*

**The undersigned physician has examined the student athlete identified below and gives permission for the student athlete to return to competition on the date and in the event identified.**

<b>ATHLETE</b>	_____
<b>SCHOOL</b>	_____
<b>EVENT</b>	_____
	<b>DATE</b> _____

\_\_\_\_\_  
**PHYSICIAN SIGNATURE (MUST BE M.D. OR D.O.)**

\_\_\_\_\_  
**DATE SIGNED**

(Duplicate as needed)