



North of the River Recreation & Park District Letter to Parent

Dear Parent:

This letter is to notify you that your child was removed from athletic activity today due to a suspected concussion. Additional details are provided below:

Athlete Removal from Play Report	
Athlete Name	
Date of Injury	
Time of Injury	
Description of Incident	
Symptoms Observed	
Treatment Provided	

Please take your athlete to be evaluated by a licensed health care provider. He or she will not be allowed to return to athletic activity until written clearance to return to athletic activity is received from a licensed health care provider. If it is determined that your athlete sustained a concussion or other head injury, he or she must complete the NOR Return to Play Protocol under the supervision of a licensed health care provider before he or she is allowed to return to full activity.

Administrator Signature: _____ Date: _____

Administrator Name: _____