



To be completed by the child's physician.

Date:

Re: Return to activity letter after a concussion

Dear

(name of child) was diagnosed with a concussion  
that occurred on  (date)

He or she should not participate in school or club sports or exercise until symptom free and cleared to do so by a doctor. After a concussion reaction times and thinking may be slower increasing risk of further injury.

Please visit [www.sitoutconcussion.org.au](http://www.sitoutconcussion.org.au) where you will find information sheets and tools to help with a safe return to activity.

To progress through the stages of the return to activity guideline, a child must be able to do an activity at 100 percent without symptoms or problems for 24 hours. If any symptoms return while performing an activity it simply means they are not ready for that much exertion and can try the activities again after symptom free for 24 hours. To return to normal participation with no restrictions the athlete should receive a final clearance from a doctor.

Thank you for your understanding and support in this matter.

Physician's Name:

Phone number:

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### Return to Activity Clearance

(name of child) is cleared to return to play.

Date: