

# Pawnee Community Unit School District #11

Creating a Community of Empowered Learners in an  
Atmosphere of Mutual Respect and Trust!

Mr. Gary M. Alexander, Superintendent  
Mr. Tim Kratochvil, Junior High/High School Principal  
Mrs. Jennifer Loftus, Grade School Principal

## POST-CONCUSSION CONSENT FORM (RTL/RTP)

DATE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ Year in School \_\_\_\_\_

By Signing Below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law
2. I understand the risks associated with my student returning to play and returning and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law
3. And I consent to disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to learn recommendations of the treating physician or the athletic trainer, as the case may be.

Student's Signature \_\_\_\_\_

Parent/Guardian/s Signature \_\_\_\_\_

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**SCHOOL USE**

\_\_\_\_ Written statement is included with this consent from treating physician or athletic trainer working under supervision of a physician that indicates, in the individual's professional judgement, it is safe for th student to return-to-play and return-to-learn.

**Cleared for RTL** *Team Member Initials* \_\_\_\_\_

**Cleared for RTP** *Team Member Initials* \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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High School Office  
810 4<sup>th</sup> Street  
Pawnee, IL 62558  
217 625-2471

FAX 217 625-2251

[www.pawneeschools.com](http://www.pawneeschools.com)

Grade School Office  
810 4<sup>th</sup> Street  
Pawnee, IL 62558  
217 625-2231