OHIO VALLEY YOUTH BASEBALL

www.ovybl.com

CONCUSSION "RTP" FORM

MEDICAL AUTHORIZATION TO RETURN TO PLAY WHEN A PLAYER HAS BEEN REMOVED DUE TO A SUSPECTED CONCUSSION

Ohio State Law, as well as OVYBL policy, requires a player who exhibits signs, symptoms or behaviors associated with concussion to be removed from a practice or contest and **not permitted to reenter practice or competition on the same day as the removal**. Thereafter, **written medical authorization from a physician (M.D. or D.O.)** or another licensed medical provider, who works in consultation with, collaboration with or under the supervision of an M.D. or D.O. or who is working pursuant to the referral by an M.D. or D.O., AND is authorized by a governing board, **is required to grant clearance for the student to return to participation**. This form shall serve as the authorization that the physician or licensed medical professional has examined the player, and has cleared the player to return to participation. The physician or licensed medical professional must complete this form, return to player and player shall submit this form to your local league representative prior to the player's resumption of participation in practice and/or a contest. **To reiterate, this player is not permitted to reenter practice or competition on the same day as the removal.**

I, _____, M.D., D.O. or _____(other licensed medical provider) have examined the following OVYBL player, _____, who was removed from a game or practice due to exhibition of signs/symptoms/behaviors consistent with a concussion. I have examined this student, provided an appropriate return to play regiment, if necessary, and determined that the athlete is cleared to resume participation in practice and competition on this date_____.

Signature of Medical Professional _____

Date: _____

PRESENT THIS FORM TO YOUR LOCAL ORGANIZATION REPRESENTATIVE

Note: Your local organization must retain a copy and your organization must submit a copy to ovybl@comcast.net