



Georgetown Skating Club

## Concussion Policy - Return to Play

Skater's name:

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Date of Sustained Injuries:

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Considerations/Restrictions with respect to returning to skate:

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Name of Treating Physician:

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Signature of Treating Physician:

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Clinic Address:

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Clinic Phone Number:

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Date:

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Personal information used, disclosed, secured or retained by the club will be held confidentially and safely for the purpose for which we collected it