



Bismarck Parks and Recreation District Return to Play Form

I, _____, was notified on _____,
(parent/guardian name) (date)

that my child, _____, was possibly displaying symptoms
(child's name)

of a concussion during the _____ program on _____.
(program/activity) (date of injury)

☐ I acknowledge that I was informed that my child had potential symptoms of a concussion.
I did not observe any symptoms and release the child back to play as of today's date.

☐ I acknowledge that I was informed that my child had potential symptoms of a concussion.
I did observe symptoms and had child evaluated by a medical professional.
Child is released to return to play as of today's date.

Parent/Guardian Signature

Date