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Doctor's Medical Release Form

Please PRINT Clearly

After concussion or injury, this form must be completed by a medical professional before your child may resume their exercise program.

This release is to certify that _____ has been examined due to
(Student-athlete's name)

exhibiting the signs, symptoms, and behaviors consistent with a concussion/brain injury or other injury. Following an examination, it is my medical opinion that he/she:

____ Is unable to return to participation in athletics until further notice.

Return appointment scheduled on: _____ (Date)

____ May return to limited participation in athletics on _____ (Date)
(Restrictions are noted below)

____ Following return to limited participation this student needs to return for re-evaluation before being released for full participation in athletics.

____ May return to full participation in athletics on _____ (Date)

Restrictions: _____

Health Care Provider's Name (Print) _____ Date _____

Health Care Provider's Signature _____ Phone # _____

Parent's or Guardian's Permission and Release

I hereby give my consent for my son/daughter to return to participation following his/her concussion or other injury as per the instructions detailed above.

Parent's or Guardian's Signature Date

Parent's or Guardian's Home Phone # Parent's or Guardian's Work Phone #