



Hawks Hockey Club Concussion Passport

Players Name: _____

Dear Physician,

Thank you for seeing our athlete. Your assessment is critical to the safe recovery of our players. Hawks Hockey Club has adopted a Return to Play Protocol for any athlete suspected of having a concussion.

This form is given to player/parents after ANY injury in which a concussion is suspected by the Trainer.

Once the passport is given to a player, they are not allowed back on the ice until they have been cleared of a concussion by a medical doctor.

Physician Clearance

It is my opinion that medically, this player is able to return to play

Physician Name: _____

Date: _____

Signature: _____

Trainer is responsible to email signed form into the Hawks Hockey Club President.

Team: _____ Trainer _____