



Appendix I

Return to High-Risk Sport following a Sport-Related Concussion

Athlete Informed Consent Acknowledgement Letter

**Return to High-Risk Sport following a Sport-Related
Concussion Athlete Informed Consent Acknowledgement Letter**

Date: _____
Athlete Name: _____
Address/City: _____

Dear Athlete,

We are pleased that you are making good progress in recovery from your concussion and that you have remained symptom free in all post-concussion testing so far. Your post-injury testing looks good in comparison to your baseline tests. It is now safe for you to return to the sport-specific component of your monitored return to play protocol.

A member of our sport concussion medical team has discussed the risks associated with returning to high-risk sport. You have indicated that despite the risks, it is your desire to return to unrestricted sport participation.

The long-term risk and effects of multiple concussions is something that is difficult to predict. We don't know how many concussions a person can experience before there may be some permanent impairment. We do know that some individuals never fully recover after one or two concussions, and that others can have multiple concussions each with apparent full recovery. We do know that with each successive concussion, there may be an increased risk that the next concussion may take longer to recover from, or might not result in a full recovery.

In addition to the above, we know that the risk of persistent symptoms, permanent impairment, or in rare circumstances, death, is increased if an individual experiences another concussion before their current concussion has recovered. This is why we go to such great lengths to ensure that your concussion has recovered (to our best clinical ability) before you return to higher risk training or sport competition.

In your individual situation, you have the following features which may place you at higher risk of recurrent injury, prolonged concussion-like symptoms, or incomplete recovery (e.g., decline in cognitive function (thinking / calculating / reasoning)) if you experience another concussion. These features are:

1. You have now had at least _____ documented concussions.
2. _____ of your concussions have had a prolonged recovery (>14 days in adults or >1 month if under 18 years).

By signing this letter, you indicate that you understand that you are returning to a high-risk sport with significant risk and that because of your past concussive history you have personal increased risk, and



that you willingly accept that risk. You also acknowledge that you were given the opportunity to ask questions and that all of your questions (if any) were satisfactorily answered.

Sincerely,

Sport Concussion Consulting Physician

Medical Team Representative: _____

Medical Team Signature: _____

Athlete Name: _____

Athlete Signature: _____

Parent / Guardian Name (if under 18 years): _____

Parent / Guardian Signature: _____

*In rural or northern regions, the Medical Clearance Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.

We recommend that this document be provided to the athlete without charge.

Reference: Canadian Guideline on Concussion in Sport | Medical Clearance Letter, www.parachutecanada.org/guideline

