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STUDENTS 3505F2

| Authorization to Return to Play or | Participate in Student | Sports |
|--|--|--|
| I hereby state that I am a: | | |
| Physician licensed pursuant | to chapter 18, title 54, I | daho Code; |
| Physician's assistant licensed | d pursuant to chapter 18 | 3, title 54, Idaho Code; |
| Advanced practice nurse lice | ensed under section 54- | 1409, Idaho Code; or |
| A licensed health care profes | ssional trained in the ev | aluation and management of |
| concussions who is supervise | ed by a directing physic | cian licensed under chapter 18, title 54, |
| Idaho Code. My directing ph | nysician is | , and his or her |
| license number is | , and address is: | |
| | | |
| | | |
| "student athlete") to evaluate the s student athlete the potential ramific concussion or exhibiting concussion return to play and/or participate in | tudent athlete for a con- cations of continuing to on like symptoms. I am Charter School athletic I I therefore authorize st | (hereinafter referred to as cussion. I have discussed with the play sports after having received a satisfied that the student athlete can be leagues or sports without significant tudent athlete to return to play and/or |
| Signature | Date | License No. |
| Address | | |
| Signature of Directing Physician (if signed by a Licensed Health Care Professional) | Date | |