



# Manhasset Public Schools

*Health Offices*

## Munsey Park

### POST-CONCUSSION CLEARANCE

### FORM I

### STUDENT ATHLETE – FULL CONTACT

Patient Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

The student athlete named above is cleared for a complete return to **full contact** sport participation as of \_\_\_\_\_. The student athlete is instructed to stop play immediately and notify the coach or athletic trainer should his/her symptoms return.

Private Physician's Signature: \_\_\_\_\_

School District Medical Director: \_\_\_\_\_

Munsey Park Health Office

1 Hunt Lane

Manhasset, NY 11030

Phone: 516-267-7410

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