



CENTRAL BUCKS SCHOOL DISTRICT

LEADING THE WAY

The Central Bucks Schools will provide all students with the academic and problem-solving skills essential for personal development, responsible citizenship, and lifelong learning.

Final Clearance to Return to School Following Head Injury/Concussion

Student Name: _____

School: _____

Diagnosis: _____

Date of Injury: _____

This student is cleared to fully participate in **ALL** cognitive and physical school activities as well as extra-curricular activities without restrictions or accommodations.

SIGNATURE OF HEALTH CARE PROVIDER: _____

PRINTED NAME OF HEALTH CARE PROVIDER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

DATE: _____