

**City of Page Recreation Department
Qualified Health Care Provider Statement Authorizing Player to
Resume Play**

I, _____ (name of the provider), am a qualified health care provide. Managing and evaluating concussions is within the scope of my practice. Within three years of the date of this Statement, I have successfully completed a continuing education course in the evaluation and management of concussions or traumatic head injuries.

I have examined _____ (name of player) and it is my opinion that _____ (name of player) should be allowed to resume participation in the City of Page Recreation sporting event.

Qualified Healthy Care Provider

Date