



Kamloops Minor Hockey Association: RETURN TO PLAY FORM

P.O. BOX 24018, 70-700 Tranquille Rd,
Kamloops BC, V2C 5M8
Email: kamhockey@telus.net
Web page: www.kamloopsminorhockey.com
Ph. 250-376-1788

PATIENT'S NAME: _____ TODAY'S DATE: _____

PATIENT'S HOCKEY LEVEL:

- U7, U9, U11, U11 Development, U13 Rec, U13 Rep, U15 Rec, U15 Rep (Hitting), U18 Rec, U18 Rep (Hitting)

Did the injury occur at a sanctioned hockey event? (Circle one) Yes / No

Physician: Please mark with "x" beside appropriate box (Initial physician visit):

1. The player above can return to game play immediately, with no restrictions. (No concussion/limiting injury suspected.)

PHYSICIAN'S NAME (PRINT) _____ PHYSICIAN'S SIGNATURE _____

2. The player above can begin the return to play process immediately by following Hockey Canada Return to Play Protocols below without restrictions beginning at step _____ (table below)

3. The player above can begin a return to play process immediately with the following noted restrictions:

CONCUSSION PROTOCOL BELOW

Follow up Physician Visit Required before proceeding to step 5 of return to play protocol

Players will proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance to begin this process. Each step should be a minimum of one day (but could last longer depending on the player/situation). If symptoms or signs return, the player will **return to step 2** and be **re-evaluated by a physician**.

Parents please note dates on the following steps for the follow-up physician's visit (step 5).

Incident Date: _____

Reported on the KMHA Headcheck App (circle one): yes/no

<input type="checkbox"/>	STEP 1: Light activities of daily living which do not aggravate symptoms or make symptoms worse. Date Completed: _____	Physician's Name (PRINT): _____ Physician Signature: _____
<input type="checkbox"/>	STEP 2: Light aerobic exercise (walking or stationary cycling). Monitor for signs/symptoms. No resistance training or weight lifting. Date Completed: _____	
<input type="checkbox"/>	STEP 3: Sport specific activities and training. Date Completed: _____	
<input type="checkbox"/>	STEP 4: Drills without body contact. May add light resistance training and progress to heavier weights Date Completed: _____	
Progress to step 5 after medical clearance (reassessment & written note)		
<input type="checkbox"/>	STEP 5: Begin drills with body contact. Date Completed: _____	Safety Manager signature: _____
<input type="checkbox"/>	STEP 6: Game play. Date Completed: _____	Safety Manager signature: _____

****Parents: This note must be uploaded to the Headcheck App prior to your player returning to play. Any Hockey Canada claims must be sent in to the KMHA office within 90 days of an injury.**

