

# FORM 3: QRSS CONFIRMATION OF RETURN TO EVENT CLEARANCE

*This form is to be provided to the parent/carer of the student and a copy retained by the QRSS team official of the event.*

STUDENT & INCIDENT DETAILS	
Name of student:	Date of birth:
Region/District/School:	Competition:
Venue of incident:	Date & time of incident:
<b>Summary details of incident:</b> <i>(e.g. include a short summary of what was observed at the incident, who assessed the student, confirmation that parents obtained independent medical advice, the medical practitioner's name and provider number, and the practitioner's written clearance for return to participation)</i>	
<b>Additional Comments:</b>	
<i>*QRSS recommend that individuals with a suspected concussion observe a minimum stand-down period of 48 hours before resuming any play or training activities.</i>	
Signature block – To be completed by QRSS Official	
Witnessed by (Name):	QRSS Official Role:
Signature:	Date:
Form provided to parent/carer:	Signature of parent /carer
Date and time provided to parent/carer:	