BDCC Confirmation of Medical Clearance Form

I have consulted with a Physician or Nurse Practitioner in relation to my/my child's concussion and I/my child have/has received clearance to return to play.

_____

Name of Under 26 Participant (print)

_____

Name of Parent/Guardian Under 18 Participant (print)

_____ _____

Signature of Parent/Guardian (U18) or Signature of U26 Participant **Date**

To be submitted to the BDCC before returning to play: Either signed and printed copy to the BDCC Board Concussion Liaison or printed, signed and scanned to BDCCRowansLawConcussion@gmail.com. Completed Forms will be kept by the BDCC for the duration of the relevant curling year.