



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 rowanslaw@brightoncurlingclub.ca. Completed Forms will be kept by the BDCC for at least the duration of the curling year, or otherwise in accordance with the relevant record retention schedule.