

**CONCUSSION MANAGEMENT REMOVAL FROM PLAY AUTHORITIES**

The District has designated the following individuals as having authority to remove a student from practice, training, or competition when the student reports or exhibits signs or symptoms of a concussion. These individuals have direct responsibility for student athletes during practice, training, or competition and have undergone necessary concussion training under law.

Name	Title	Date of Training

**Healthcare Providers**

The District has identified the following individuals as licensed, registered, or certified healthcare providers whose scope of practice includes the recognition of concussion signs and symptoms. These individuals have agreed to observe a student for possible signs or symptoms of a concussion if in attendance at athletic practice, training, or competition.

Name	Phone Number	License/ Registration/ Certificate	Events Regularly Attended



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End of Leeds School District #6 Exhibit FCAF-E1