



Concussion Recovery Return to Learn/Return to Play



If a student is suspected of having a concussion, this form must be given to the parents and a physician must sign this form before the student is allowed to return to physical and/or academic activities.

STUDENT NAME: _____

Date: _____

PHYSICIAN – INITIAL ASSESSMENT:

- No concussion** – student may return to:
 - regular physical education class activities
 - intramural activities/clubs
 - interschool sport activities
 - all regular academic activities

Physician signature: _____

Date: _____

Comments: _____

- Suspected concussion** – in consultation with a physician, follow the Concussion Recovery Guidelines on page 2.

Physicians: Please indicate on the Concussion Recovery Guideline if more than 24 hours is recommended to complete any step of the process.

Physician signature: _____

Date: _____

Comments: _____

RETURN TO PLAY/LEARN PROCESS:

Note: The student/parent/guardian must show this form to the administrator who will inform all relevant personnel (teachers, coaches, etc.) and show each of them a copy of this form.

When a concussion is suspected by a physician, the student and parent(s)/guardian(s) monitor symptoms and signs of a concussion. As a part of this monitoring, the parent/guardian should communicate regularly with the teacher throughout Steps 1-5.

It is very important that a student not do any activities if he/she has any signs or symptoms. The 'return to play' and 'return to learn' process is gradual and must follow the steps as outlined below and/or prescribed by the physician:

- **Each step must be completed, symptom free, before moving onto the next step.**
- If symptoms or signs of the concussion return (e.g. headache, feeling nauseated) either with activity or later that day, the student needs to rest for 24 hours, and return to the previous step.
- A student should never return to play as long as symptoms persist.

Concussion Recovery Guideline

Steps are not days. Each step must take a minimum of 24 hours and the total length of time needed to complete each step will vary based on the severity of the concussion and the doctor's recommendations.		
Step	Description	Time Recommended by Physician if >24 hours is recommended)
1	Rest with limited to no physical or cognitive activity – no TV, computer, texting, video games, reading, or exercise.	
Return to Learn		
2	Light cognitive activities can be resumed at home so long as symptoms do not return. Individualized classroom strategies and learning activities should be implemented and limited to 15-20 minutes at a time, gradually working up to 2 hours symptom free.	
Signature of Parent for clearance to Step 3		
3a	Student begins regular learning activities without individualized plans. Student should begin with half days and then, after 1-2 days, progress to full days.	
Return to Play		
3b	Individual, light aerobic activity only, such as walking or stationary cycling.	
4	Individual activity related to specific sports, e.g., skating in hockey, running in soccer, etc.. No body contact.	
5	Activities where there is no body contact, such as progressive resistance training, non-contact practice and progression to more complex training drills, e.g., passing drills, shooting drills, etc)	
Signature of Physician for clearance to Step 6		
6	Full participation in regular physical activity in non-contact sports following medical clearance.	
7	Full participation in contact sports	

PHYSICIAN VISIT FOR RETURN TO UNRESTRICTED PARTICIPATION:

Concussion symptoms & signs have gone. With the approval of the physician, the student may return to full participation in all physical activities.

Physician signature: _____ Date: _____

Comments: _____