



Concussion Recovery Return to Learn/Return to Play

If a student is suspected of having a concussion, this form must be provided to a parent/guardian to be completed by a physician (MD) or physiotherapist (PT) before the student be allowed to return to school.

Part 1: Request to return to learn & physical activity following a suspected concussion related injury.	
Student Name:	Date:
Name of MD/PT:	MD/PT Clinic Name:
<p>By checking this box & providing a signature, a doctor or physical therapist verifies that he/she has conducted an examination & determined that this student is not currently experiencing symptoms of a concussion.</p> <p><input type="checkbox"/> NO CONCUSSION SUSPECTED – Signature of MD/PT: _____</p>	
<p>By checking this box & providing a signature, a doctor or physical therapist verifies that he/she has conducted an examination & determined that this student is currently experiencing symptoms of a concussion.</p> <p><input type="checkbox"/> CONCUSSION DIAGNOSED – Signature of MD/PT: _____</p>	
Comments:	
<p>My child has been examined and a concussion has been diagnosed, therefore he/she must begin a medically supervised CONCUSSION MANAGEMENT PROTOCOL.</p> <p>I understand that my child must return to a physician to receive clearance (using the reverse side of this form) in order to satisfy all conditions of the Concussion Management Protocol.</p> <p>I will keep the school informed as to the progress, or lack thereof, of my child.</p> <p>I am aware of, and will read/watch, the concussion resources on the TDChristian Splash page.</p> <p>SIGNATURE OF PARENT/GUARDIAN: _____</p>	
TDChristian Concussion Management Protocol	
<i>Please read and carefully follow each step. Do not proceed to the next step until symptom free. If concussion symptoms return at any time, cease activity and return to the previous step until symptom free once again.</i>	
Step 1	Rest (24-48 hours) with limited to no physical or cognitive activity – no TV, computer, texting, video games, reading, or exercise. Reduced light and noise levels are recommended.
Step 2	A gradual re-introduction to regular levels of light and noise and other activities that do not cause discomfort or involve cognitive exertion. Screen time should still be avoided.
Step 3	A monitored re-introduction to mild cognitive stress and limited exposure to visual distractions (20 minutes max at a time, followed by rest).
Step 4	Light cognitive activities can be resumed at home so long as symptoms do not return. Individualized home learning activities should be implemented and limited to 15-20 minutes at a time, gradually working up to 2 hours symptom free.
Step 5	Duration of exposure to regular learning environments may still need to limited based of levels of distraction and stimulation. Individual, light aerobic activity, such as walking or stationary cycling, may be initiated. When student is symptom free they should return to the MD/PT to be assessed and fill in Part 2: Medical Examination for Clearance to Return to Learn and Physical Activity.
Step 6	Students should be comfortable and symptom free while being able to return to regular volume of academic activity. Students may be introduced to individual, sport specific, non-contact exercises (i.e. fitness circuits, ball drills, cooperative games) for 20-30 minutes. No resistance training.
Step 7	Return to physical education, intramural and/or club activities with no physical contact (yellow shirted). Resistance training may begin with a progression from light to heavier weights.
Step 8	Full participation in contact sports and all other activities. Parent/guardian must complete and submit Part 3: Parental/Guardian Clearance to Return to Full Participation in Contact Sports with No Restrictions

Part 2: Medical Examination for Clearance to Return to Learn and Physical Activity.	
Student Name:	Date:
Name of MD/PT:	MD/PT Clinic Name:
<p>By checking the box below and providing a signature, a MD/PT confirms that he/she has conducted a thorough follow-up examination and has determined that this student is no longer experiencing concussion symptoms.</p> <p>The examining MD/PT agrees that this student is clear to return to all regular academic activities without limitations and to begin physical activities outlined in Steps 6 & 7.</p> <p><input type="checkbox"/> NO SYMPTOMS OF A CONCUSSION – Signature of MD/PT: _____</p>	
Comments:	
<p>I hereby verify that my child has completed a follow-up medical examination for clearance and has received permission for a return to regular academic activity without limitation and to begin a gradual re-introduction to physical activity.</p> <p>I am aware of the risks and dangers associated with a return to activity before achieving a full and healthy recovery. I am also aware of methods for post-concussion monitoring and that in the event of a return to symptoms, my child must discontinue activity and re-visit the recovery process.</p> <p>I have read/watched the concussion resources on the TDChristian Splash page.</p> <p>SIGNATURE OF PARENT/GUARDIAN: _____</p>	
Part 3: PARENTAL/GUARDIAN CLEARANCE TO RETURN TO CONTACT SPORTS WITH NO RESTRICTIONS	
<p>I hereby verify that my child has progressed through Steps 6-7 and continues to be free of symptoms of a concussion. My child may resume full participation in contact sports with no restrictions.</p> <p>I am aware of the risks and dangers associated with a return to activities before achieving a full and healthy recovery. I am also aware of methods for post-concussion monitoring and that in the event of a return of symptoms, my child must discontinue activity and re-visit the recovery process.</p> <p>SIGNATURE OF PARENT/GUARDIAN: _____</p>	

IMPORTANT: The first side of this form must be submitted to the school immediately following the completion of Part 1 and again after the completion of Part 2. The form can be submitted via fax, email or in person. If submitted in person, a copy of the partially completed form will be made and returned to the student/parent/guardian so that the remaining parts can be completed when appropriate. Once Part 3 is completed, the form must be submitted to the school before, or when, the student returns to school.

The form has been adapted from the YRDSB *Student Tracking for Concussion Management Protocol* form.