



RETURN TO SCHOOL AFTER CONCUSSION FORM

This form is to be completed when a student is diagnosed with a concussion and is returning to school. **Sections 1 and 2** are to be completed for ALL students. **Section 3** is required for a student athletes' Gradual Return to Play.

Student Name: _____ DOB: _____

School: _____ Grade: _____

Date of injury: _____ Student may return to school on (Date): _____

SECTION 1: ACADEMIC ACTIVITY: Please check all that apply.

- Student may return to full academic participation without limitations.
- The student is substantially limited in one or more major life activities as a result of the concussion and requires accommodations in order to be able to access his/her education. *(Academic accommodations may be provided on a temporary basis without a formal 504 Plan. Accommodations lasting longer than 3 weeks in duration should result in a formal 504 Plan.)*

The following cognitive accommodations are recommended for this student:

- Gradual re-integration to school (e.g., student returns *part-time* before resuming a full schedule)
- Recommended student schedule for return to *full-day* of school with accommodations:
 - Student not asked to make up all missed work until after (Date): _____
 - Rest time or breaks as needed during the day until after (Date): _____
 - Overall homework and class work load reduced until after (Date): _____
 - No use of computer or other video equipment until after (Date): _____
 - No quizzes, tests or assessments until after (Date): _____
 - Other: _____
- The student is to be re-evaluated on (Date) _____ and may NOT resume full academic participation until cleared.

SECTION 2: PHYSICAL ACTIVITY: PE and Recess: Please check all that apply.
For intramural sports complete the Athletic Participation section below.

Student can return with NO RESTRICTIONS to:

- Recess
- Physical Education activities

Student is PARTIALLY LIMITED and cannot participate in the following activities:

Jarring activity until after (Date): _____

Body contact until after (Date): _____

Recess equipment until after (Date): _____

List specific playground equipment: _____

Other: _____

Student is FULLY LIMITED and cannot participate in any activities

Student is to be re-evaluated on (Date) _____ and may NOT resume full PE and recess participation until cleared.

Student and parents have been counseled on how to self-manage this concussion.

Printed Name of Health Care Provider: _____

Signature of Health Care Provider: _____ Date: _____

Office Phone: _____

Office Stamp:

Printed Name of Parent: _____

Signature of Parent: _____ Date: _____

SECTION 3: ATHLETIC PARTICIPATION: Concussion Management: Begin Gradual Return to Play

- This portion is to be used after a student athlete is removed from practice or competition due to concussion symptoms and not clearing a subsequent evaluation.
- Before a student athlete may *begin* gradual return to play after exhibiting concussion symptoms that caused that athlete to be removed from an athletic practice or competition, BVSD requires written authorization from BOTH a Health Care Provider and a parent/guardian by signing below.
- BVSD follows the 2012 Zurich Consensus recommendations on Graduated Return-to Play (RTP) which includes 6 steps and requires a minimum of five days before returning to normal game play. See REAP document for quick reference.

Sport: _____ Injury Date: _____

Reason(s) for removal from play/competition: (Completed by athletic trainer/coach describing the symptoms observed)

Printed name Trainer/Coach: _____ Date: _____

Phone Number: _____

Health Care Provider Response:

I have examined the above-named student athlete following his/her injury and have determined the following:

- Permission is granted to begin gradual return to play. Date: _____
(Note: A student athlete may not return to practice or competition on the same day as injury.)

Health Care Provider comments:

- Permission is NOT granted to begin gradual return to play. Date: _____
Next evaluation is recommended for (Date): _____

Printed Name of Health Care Provider or stamp: _____ Phone: _____

Signature of Health Care Provider: _____ Date: _____

Printed Name of Parent: _____ Phone: _____

Signature of Parent: _____ Date: _____

- I have reviewed the REAP project Concussion Management Document and *grant permission* for the student athlete to begin gradual return to play. A full publication is available online at: <http://www.bvsd.org/employees/Athleticsactivities/Concussion%20Information/REAP%20Concussion%20Management%20Information.pdf>. See page 12.

STEP FOUR: PACE

FAMILY TEAM Is the student/athlete 100% back to pre-concussion functioning?

SCHOOL ACADEMIC TEAM Is the student/athlete 100% back to pre-concussion academic functioning

WHEN ALL FOUR TEAMS AGREE

that the student/athlete is 100% recovered, the **MEDICAL TEAM** can then approve the starting of the Graduated RTP steps. The introduction of physical activity (in the steps outlined in order below) is the last test of the brain cells to make sure they are healed and that they do not “flare” symptoms. This is the final and formal step toward “clearance” and the safest way to guard against a more serious injury.

MEDICAL TEAM approves the start of the RTP steps

SCHOOL PHYSICAL TEAM Often the ATC at the school takes the athlete through the RTP steps. If there is no ATC available, the **MEDICAL TEAM** should teach the **FAMILY TEAM** to administer and supervise the RTP steps.

A Graduated Return-to-Play (RTP) Recommended by The 2012 Zurich Consensus Statement on Concussion in Sport*

STAGE	ACTIVITY	FUNCTIONAL EXERCISE AT EACH STAGE OF REHABILITATION	OBJECTIVE OF STAGE
1	No activity	Symptom limited physical and cognitive rest.	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training.	Increase heart rate
3	Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head-impact activities.	Add movement
4	Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey. May start progressive resistance training.	Exercise, coordination and cognitive load
5	Full-contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to play	Normal game play.	No restrictions

*tinyurl.com/consent14/7/250.full

The healthcare professional should give the responsibility of the graduated RTP steps over only to a trained professional such as an ATC, PT or should teach the parents. A coach, school nurse or PE teacher does NOT need to be responsible for taking concussed student/athletes through these steps.

Research Note: Earlier introduction of physical activity is being researched and may become best practice. However, at this time, any early introduction of physical exertion should only be conducted in a supervised and safe environment by trained professionals.

PACE