

The 'return to learn / play' process is gradual and must follow the steps as outlined below. **Each step must take a minimum of one day.** If at any step in the process, 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 if symptoms persist. The student may not participate in any physical education activities until Step 1 and Step 2 have been completed. Prior to beginning Step 3, the parent/guardian signature is required.

Parent Responsibility	Step 1:	No activity, complete rest. No school / homework. Once the student is asymptomatic (concussion symptoms and signs have stopped) proceed to Step 2.
	Step 2:	May begin short periods of reading, focusing, and homework. Begin light aerobic exercise, such as walking or stationary cycling, for 10-15 minutes, no resistance training.
<p>In signing below, I give permission for my son/daughter to proceed to participate in academic and physical activities as described in Step 3, which has been approved by a physician.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>		
School Responsibility	Step 3:	<p>The student is NOT cognitively recovered at this time. Allow the following academic modifications:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> shortened day</li> <li><input type="checkbox"/> rest breaks during classes. Allow student to visit office for naps or to lay his/her head down on the desk</li> <li><input type="checkbox"/> allow extra time to complete homework, quizzes, and tests. May retake quizzes and tests or redo homework if student performs lower than expected</li> <li><input type="checkbox"/> no classroom or standardized testing at this time</li> <li><input type="checkbox"/> permitted to wear sunglasses</li> <li><input type="checkbox"/> no computer use</li> <li><input type="checkbox"/> no playing of Wind / Brass Instruments</li> <li><input type="checkbox"/> scribe required</li> <li><input type="checkbox"/> have text read to student</li> <li><input type="checkbox"/> Notes provided for student</li> <li><input type="checkbox"/> Preferred Seating</li> <li><input type="checkbox"/> Other (please list below)</li> </ul> <p style="text-align: right;"><b>Medical Visit #2:</b> Medical signature: _____ Date: _____</p> <p>Begin sport-specific exercise (e.g., ball drills, shooting drills) for 20-30 minutes. No resistance/weight training.</p>
	Step 4:	Begin limited physical activities (e.g. physical education, intramural activities, clubs, field, court, ice), in which there is <b>no opportunity for body or head contact</b> (e.g. no checking, no heading the ball). May add light resistance training and progress to heavier weights.
Parent Responsibility	Step 5:	<p><b>Physician Visit #3:</b> Note to the physician/nurse practitioner: Please indicate and sign only if <u>all</u> concussion symptoms and signs are gone.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Concussion symptoms and signs have gone – student may return to: <ul style="list-style-type: none"> <li><input type="checkbox"/> regular academic activities</li> <li><input type="checkbox"/> regular physical education class activities;</li> <li><input type="checkbox"/> intramural activities/clubs;</li> <li><input type="checkbox"/> interschool sport activities.</li> </ul> </li> </ul> <p>Medical signature: _____ Date: _____</p> <p>Medical instructions: _____</p>
School Responsibility	Step 6:	Regular academic & physical activities, intramural activities, clubs or full contact training/practice.
	Step 7:	Game play (for interschool athletics).